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Hodgkin's Disease

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FRED W., a 24-year-old single drug store clerk, was seen by a physician in February, 1927. He was complaining of a cold and a swelling in the neck which had troubled him for two weeks. He had had the mild contagious diseases of childhood, but had never been seriously ill. His tonsils were removed when he was twelve years old, "because they were too big." His habits were good and he worked steadily and took plenty of outdoor exercise.

He told the doctor that several other clerks at his store were suffering from mild colds and that he would not have called for medical attention if his friends had not noticed some lumps on the right side of the neck, which he thought were getting larger, because his collars no longer fitted properly. There were no other complaints and he felt perfectly well otherwise. The doctor looked into his nose and throat and told him that there was an infected piece of tonsil remaining in the [illegible] side of the throat. On the right side of the [illegible] he found [illegible] enlarged lymph glands. They were not tender to the touch, but two of them were the size of almonds. [illegible] were noted on the left side. The temperature was [illegible]. The physician advised [illegible] to the neck at night, and painted the tonsil with a thick brown liquid. He thought the glands would gradually disappear and that the tonsillar remnant should be removed.

Comment.—It is characteristic of the onset of Hodgkin's disease that the patient is perfectly well except for frequent upper respiratory tract infections. Palpable lymph glands, usually in the neck, but sometimes elsewhere, are the first sign of the disease, and they are large, discrete, and not tender. They did not seem important to the doctor, because an infected tonsil was thought to be responsible.

First Hospital Entry

THAT summer, six months after the doctor's visit, another doctor was called to see him and sent him into the hospital for a complete examination. For several months the glands in the neck remained about the same size, but did not bother him. Recently they had grown rapidly. He did not feel as strong as usual, and his family thought he was pale. However, he had been working up until the day he entered the hospital and did not consider himself sick.

On physical examination he appeared alert and well nourished. The sallow skin and mucous membranes gave evidence of a moderate anemia. The striking feature of his condition

[illegible]

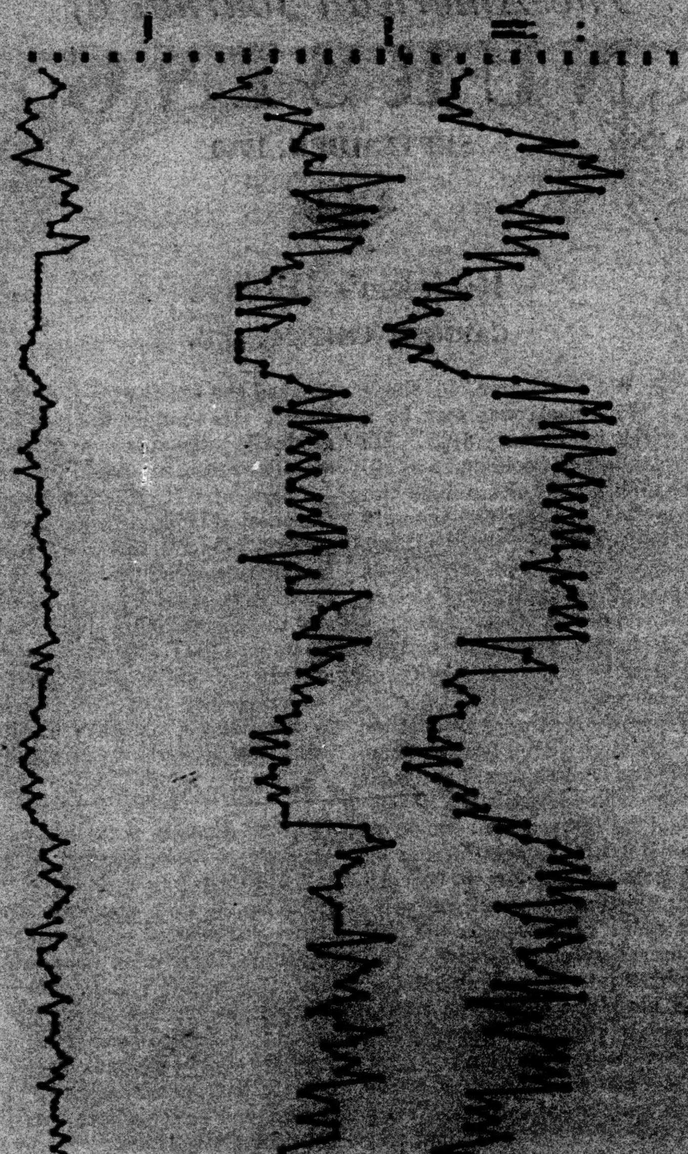


CHART SHOWING FOUR-HOURLY TEMPERATURE, PULSE, AND RESPIRATION IN HODGKIN'S DISEASE

was a [illegible]-sized swelling in the right side of the neck. This was composed of a large group of lymph glands varying in size from a pea to a walnut. There were three small glands felt on the left side of the neck. Also there were several enlarged glands under both arms, some the size of almonds, and some small ones in the left groin. On examining the abdomen, an enlarged spleen was readily felt. No other abnormalities were noted. His temperature was normal.

A blood count showed anemia. The red blood corpuscles were 3,800,000 per cu. mm. of blood, and the hemoglobin was 65 per cent. There was no increase in the number of white blood cells. The urine and the blood Wassermann were negative. An x-ray of the chest showed enlarged glands in the mediastinum at the bifurcation of the trachea. One of the glands in the right side of the neck was removed under local anesthesia and sent to the pathology laboratory for microscopic examination. The report of the findings in this gland stated that there were many large irregular cells, the so-called "Dorothy Reed giant cells," which occur only in Hodgkin's disease. Therefore, this biopsy report settled the diagnosis.

As the patient was not suffering in any way no symptomatic treatment was [illegible]. However, x-ray treatments to the spleen were started. After the first treatment he felt ill and had [illegible]. As such [illegible] and as it [illegible] of quickly, further treatments were given. [illegible] sent home and was told to report to his doctor at frequent intervals.

The father of the boy wished to know the nature of his son's trouble. He was told that it was Hodgkin's disease, the cause of which was unknown, and that it was not uncommon in children and young adults, usually in males. As he wished to know the exact outcome of his boy's illness, he was told that the disease is incurable, but that with x-ray treatments he should get along very well for two or three years.

Comment.—The patient gradually developed the typical clinical picture of Hodgkin's disease: Generalized enlargement of the lymph glands, an enlarged spleen, and anemia. The superficial glands are readily detected as they may be felt, but enlarged ones in the mediastinum and abdomen will only be suspected if they are producing pressure on other structures, such as the trachea, a bronchus, the esophagus, the bowel, or the bile duct. X-ray treatments as carried out do not lengthen the course of the disease materially, but by reducing the size of the glands and thereby relieving pressure symptoms, they make the patient much more comfortable. They keep the disease in abeyance for a period of time.

Second Hospital Entry

FRED reëntered the hospital in August, 1929, two and one-half years after his original illness at home. One year previously, his glands had increased in size, but retrogressed after a second course of x-ray treatments. For the past month he had gone down [illegible], becoming pale, weak, and short of breath. For two weeks his [illegible] a great deal, disturbing his sleep.

He appeared pale and weak, and he had to be propped up in bed in order

[illegible]

[illegible] He [illegible] therapy [illegible] respond [illegible] week [illegible] broncho- [illegible]

[illegible] performed [illegible] of the [illegible] also of [illegible] ones. [illegible] involved [illegible] por- [illegible] surface. [illegible] and [illegible] trachea [illegible] by [illegible] and [illegible] broncho- [illegible] very [illegible] went [illegible] of [illegible] itching [illegible] the [illegible] places [illegible] dis- [illegible] the [illegible] cure.

The Nursing Care of Hodgkin's Disease

VERNA [illegible], R.N.

T[illegible]

[illegible] is fatal, and that it usually [illegible] young adults, inspires the [illegible] help the patient retain his [illegible] long as is possible. This [illegible] in many ways, especially [illegible] care of the patient in the [illegible] of the disease.

[illegible], the environment and [illegible] conditions should be the best [illegible] permit. Bed rest, [illegible] with periods of normal [illegible] tolerated, fresh clean air, [illegible] play a large part in [illegible] the mental depression and [illegible] are apt to afflict the sufferer [illegible] the disease progresses. Sec[illegible], the diet is of paramount [illegible] for loss of weight is often [illegible] symptom and, when [illegible], there may be a sluggish [illegible]. Appetizing meals, [illegible] calories and vitamins, are [illegible] to increase the patient's [illegible] his resistance to the ex[illegible] of the disease. Next in [illegible] is occupational therapy. [illegible] suffers little or no dis[illegible] the first few months, [illegible] weakness and perhaps an [illegible] of the skin, he should [illegible] with something that [illegible]. There are any number of [illegible] that require a small [illegible] and which may be [illegible] to divert the patient's at[illegible] his insidious illness. [illegible]

sure symptoms may arise from masses of enlarged glands compressing the esophagus, trachea, nerves, and the vessels of the circulation. This may cause severe pain and edema in the chest, abdomen, genital organs, and extremities. The orthopneic position will probably be necessary to ease the difficult breathing. External pressure may be relieved by the support of pillows and air cushions properly placed and will do much to rest the patient and prevent decubiti. These precautions are very essential when the patient is emaciated. Tepid sponges and alcohol rubs are valuable for temporary reduction of fever and to keep the skin in good condition. The pruritus which is so often present and very distressing to the patient may be alleviated somewhat by soda bicarbonate and starch baths and by soothing lotions. Quinine and iron tonics are useful for their upbuilding properties and arsenic also has some positive value, and is usually given in the form of Fowler's solution in increasing doses. Morphia is often necessary to relieve intense pain.

Twenty years ago x-rays were discovered to be useful in the relief of symptoms due to the enlarged glands. Subsequent research has produced nothing of definite curative value in Hodgkin's disease. X-ray therapy is almost always effective in reducing and sometimes entirely eliminating these glands, but there may be great variation in the reaction of individual cases treated by this means. The glandular masses tend to recur and with these more severe constitutional symptoms such as weakness [illegible], fever, great loss of weight and marked pain and dyspnoea due to mediastinal pressure. Thus, until a "sure cure" is found for this disease, [illegible] the patient de[illegible] palliative treatment and

[illegible] everything the nurses did [illegible]. In a few days, he began to [illegible] took his food with relish [illegible] very enthusiastic over the [illegible] and eggnogs served to [illegible] meals and at bedtime. [illegible] in the ward activities, [illegible] checkers or cards with [illegible] in the ward. The radio [illegible] a source of entertainment [illegible] he began to read books [illegible] hospital library. He was [illegible] roof in a wheel chair each [illegible] afternoon for fresh air [illegible]. Two weeks after his [illegible] to the hospital his temperature [illegible] normal and he was up and [illegible]. He was then allowed to live [illegible] the hospital, returning twice [illegible] x-ray therapy. The re- [illegible] activity encouraged the pa- [illegible] made him much happier. In [illegible]'s time he had gained seven pounds. In December he returned to his home in Nevada, but continued x-ray therapy fairly regularly although he had to drive sixty miles to town for the treatments.

In March, 1930, Edward developed a [illegible] with cough and thoracic pain, [illegible] and purulent sputum. He lost [illegible], had fever, backache and [illegible] so returned to the clinic for hospitalization. His constitutional symptoms were more marked than on his [illegible] entry. Severe pain in [illegible] legs, especially acute at night, was relieved only by morphine. He [illegible] responded fairly well to [illegible] and in three weeks was [illegible]. Edward [illegible]

[illegible] patient, Mr. B., a [illegible] years old, was born [illegible] has lived in California for [illegible] years. He has [illegible] well until the present.

[illegible]

He was admitted to the hospital clinic in June, 1929, giving a history of general weakness and progressive enlargement of lymph nodes in his neck, axillae and inguinal regions, over a period of two months.

The patient was found to be well developed and nourished but with large nodes along the angle of the jaw, along the sterno-cleido-mastoid muscles, in the supra-clavicular fossae, the axillae and epitrochlears. The nodes varied in size from that of a pea up to that of a large pecan. They were oval in shape, firm, discrete, but not tender. Temperature, pulse, and respirations were normal; also the blood count. The teeth were found to be little more than "stumps and snags." Neither spleen nor liver was enlarged. The rest of the examination was negative. A biopsy was done on one of the cervical glands and after the examination of this, the diagnosis of Hodgkin's disease was made.

Mr. B. was advised to have his teeth extracted. This was done. After a few days of absolute bed rest and high caloric, high vitamin diet, x-ray therapy was started. He responded well to treatment, gained weight and was dismissed in three weeks. X-ray therapy was continued at lengthening intervals and at the end of four months the glands were scarcely palpable. The patient was then strong enough to return to his work.

January 1, 1930, he again came to the clinic with complaints of the return of enlarged glands, and lower abdominal pain. X-ray treatment was given in the clinic without effect. On April 1, he was readmitted to the hospital. Huge glands were found in the neck, axillae, and right groin. The scrotum was swollen to the size of a child's head and the right leg was definitely swollen with pitting edema of the ankle. Examination also

What Noise Does to Human Beings

A Friendly Comparison

[illegible] Education of American and Dutch Nurses

HELEEN A. MELK, R.N.

[illegible]

FROM August, 1928, until March, 1929, I had the highly appreciated privilege of living in America and of coming in touch with many of the leading nurses of the United States. One semester I attended some of the splendid classes given in Teachers College, Columbia University, New York, and by the kind courtesy of the faculty had the [illegible] opportunity of visiting many [illegible] schools of nursing [illegible] and of attending [illegible] at varying stages [illegible] in New York [illegible] one of the [illegible] of my life, never [illegible]. While discussing my impressions of American nursing and our differing points of view, Miss Nutting made me promise to write one day an article on this subject, no matter if it should be critical. "Constructive criticism we want," Miss Nutting said. In our language we have a proverb about "my friend who shows me my faults." That is exactly the way I feel in commenting on American nursing and nursing education. I learned so many good things in America, got such a lot of new ideas and new information out of my study and visits, that I feel a little bit of a [illegible] toward my kind and helpful hostesses, who were always ready and could find time for the ever and ever again inquiring stranger, who put her nose in everything. *Please do not*

forget that my [illegible] with the [illegible] point of view. And, you know, [illegible] the [illegible] the truth.

In a good many articles about America which I have written for Dutch magazines, as well as in lectures, I always have said.

[illegible]

The same policy I [illegible] in this article. I know [illegible] many things in our [illegible]

[illegible] very [illegible] here. [illegible] of [illegible] make a [illegible] I will [illegible] the good [illegible] education, [illegible] today I [illegible] how it [illegible] courage [illegible] nurse [illegible] education, [illegible] education, [illegible] Holland. [illegible] my [illegible]

[illegible]

[illegible] know that in America [illegible] every moment, [illegible] support you in [illegible] education, but in [illegible] the very first time. [illegible] was started, loose- [illegible] now provided, encour- [illegible] gymnastics became a [illegible]. Best of all, [illegible] instructor and a [illegible] and so you see that [illegible] good students, who [illegible] improvements— [illegible] to do so. I am so [illegible] work in a hospital with [illegible] a lady superintendent, [illegible] have travelled all over [illegible] and are very broadminded [illegible] to change old ideas for [illegible] better ones. Otherwise, I [illegible] well have stayed at home. [illegible] thankful I now am for my [illegible] experiences in other lands!

The requirements for our school of nursing are nearly the same as those of your good schools, although we often admit pupils with less than four years of high school if they pass an admission examination and are warmly recommended, so that we are assured of the honesty of their purpose, a helpful, kind spirit, and great sincerity.

You see the difference in our schools begins with the admission. The right attitude of mind gets more emphasis in Holland than the previous education. The old idea of charity still reigns in these modern times, even while we admit the great value of good education and scientific training.

If you compare our summary, covering a period of three years and three months (the latter for the preliminary course, the three years for the training as general sick-nurse, without the nursing of lying-in women, mental

[illegible]

[illegible] are [illegible] not [illegible]), [illegible] far [illegible] years.

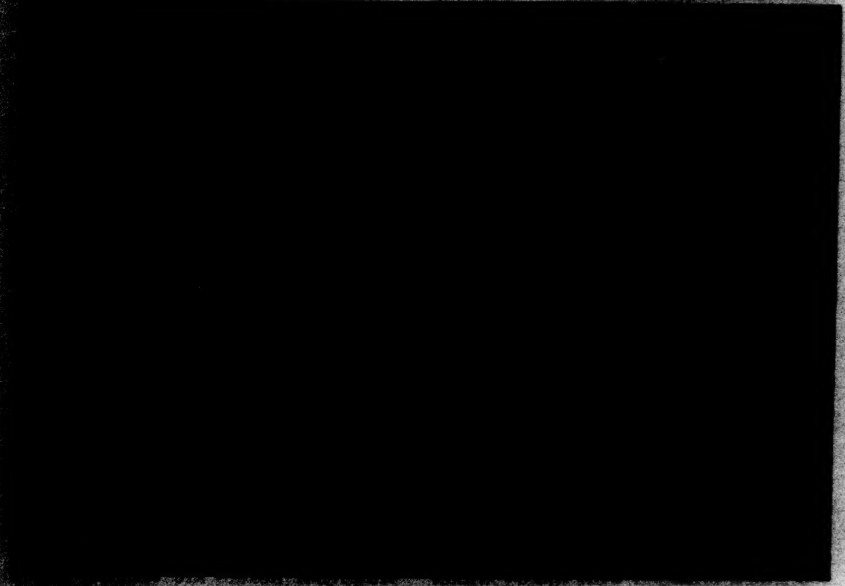
Our [illegible]

Summary

Subjects	Lectures and Demonstrations	Laboratory	[illegible]	Total hours
Preliminary term				
			24	24
History of nursing	8			8
[illegible]	12			12
[illegible]	6			6
[illegible]	12			12
N[illegible]	12	30		[illegible]
N[illegible] and practice	[illegible]	110		[illegible]
[illegible]		104		104
[illegible]	4	12		16
[illegible]		12		12
[illegible]	4	8		12
	[illegible]	[illegible]	[illegible]	[illegible]
First year				
			3	3
Materia medica	4			4
[illegible]	[illegible]	3		[illegible]
Anatomy and physiology	[illegible]			[illegible]
Ethics	4			4
Second year				
			3	3
[illegible]	[illegible]			20
[illegible]	14			14
[illegible]	[illegible]	6		[illegible]
[illegible]				
Surgical [illegible]	[illegible]	6		[illegible]
			[illegible]	[illegible]
[illegible]	[illegible]			[illegible]
[illegible]	[illegible]	14		[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]

If I [illegible] hospital [illegible] total of [illegible] [illegible] school, with [illegible] years and [illegible] months, often nearly four years, of [illegible] [illegible] half year

[illegible]



[illegible] of the Beautiful [illegible] Gardens

[illegible] graduation, of mental diseases, [illegible] takes one and a half years, of [illegible] health nursing with a course of [illegible] year. So our training takes a [illegible] six years at least if you want [illegible] all-around nurse. For Ameri-[illegible] it must seem a training for [illegible]. It really is too long.

[illegible] the proof of the pudding is in the eating and, as all education of [illegible] is intended to provide the [illegible] with good nursing, I think it [illegible] to look at the results of the train-[illegible] the nursing care of patients [illegible] schools of nursing. In Dutch [illegible], first of all comes the com-[illegible] and happiness of the patient, pro-[illegible] by good nursing care. We [illegible] of "schools of nursing"; [illegible] for the [illegible] I was asked over [illegible] of how [illegible] good nursing care as well as a [illegible] to the nurses (for whom we are responsible by sending them into society) with one of our leading medical men. I could understand his point of view: "I am responsible, first of all, for the lives and well-being of my patients and it is, so far as I can see, entirely wrong to use them as teaching material for student nurses if there is any possibility of danger." There you are. It is very hard to draw the line where this possibility begins, and where education has the right to use the opportunity for getting experience. Anyway, sufficient, good, and severe supervision is a demand.

After the preliminary term, the scientific diet of the Dutch nurses is rather poor. As a rule they get two or three lessons weekly, outside the eight-hour day, and so you never see, what I saw several times in America, empty wards and filled classrooms in the middle of the day.

[illegible]

[illegible] of how [illegible] have [illegible] but [illegible] (after [illegible] with a [illegible]

[illegible] told me [illegible] dollars [illegible] for [illegible] poor [illegible] between [illegible] apply [illegible]

[illegible] is not digested. To the latter I point to the complaints of American nurses about the [illegible] I think these nurses would not swallow all the theory they get in a very short time, because they did not get the opportunity for sufficient practice; they could not master the subject. Think, for example, of the theory of taking the pulse, which can

[illegible] very bad, [illegible] fine [illegible] as [illegible] in the hand [illegible] the baby [illegible] students [illegible] that [illegible] This could not happen in Holland. We [illegible] the [illegible] she would have to [illegible] her place. "All wrong," I hope you will say, but "the baby first" is our slogan, you see.

Below you will find some figures of

Hospital	Daily Average of Patients	[illegible]	[illegible]	[illegible]	[illegible]
1.	1,700	[illegible]	[illegible]	[illegible]	
2.	[illegible]	[illegible]	[illegible]	[illegible]	
3.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Hague	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

the number of nurses in proportion to the daily average of patients as I found them at the end of 1928 and the beginning of 1929 in four American hospitals of good standing. Where [illegible] the probationers are separated [illegible] counted in the total amount. [illegible] we are discussing the system and [illegible] hospitals I did not give the [illegible] of them, but just numbers, and [illegible] that in

The Hague 100	patients	have	60	nurses
In hospital 4....100	"	"	53.70	"
" " 3....100	"	"	52.00	"
" " 2....100	"	"	39	"
" " 1....100	"	"	27.7	"

The great difference is partly explained by the fact that orderlies and attendants are unknown in Dutch hospitals. We think that nurses give better care to the patients than orderlies and practical nurses do. Nurses' aides we know also, of course. Counting the whole personnel together, I found on April 1, in our hospital, 840 patients and 903 personnel of all kinds, including administration.

Now we see the discrimination in spending our money. The Dutch do [illegible] more money to a high number of nurses, less to education. Americans do the opposite. Also, if you look at the proportion of graduates to students, again you see something remarkable in the Dutch hospitals. In Holland we find a great many graduates in the hospitals as general floor duty nurses. You will not wonder at this when you know that the conditions are really very good; eight-hour day as a rule, nine-hour day by law (private institutions excepted), good salaries and a pension, are provided. [illegible] stay for years and years. This, of course, has its drawbacks but [illegible] a staff of graduates who ensure good nursing care to the patients and provide a good practical education. So we think the high costs justified.

As you see, our problems are quite different from yours. Out of "Nurses, Patients, and Pocketbooks" I learned, with astonishment and horror, the terrible fact of how small the number of graduates is in many of your schools of nursing, how they sometimes run even *without* graduates. *You* cannot keep the graduates *in* your hospital, very often *we* cannot get them *out of it*. We do not like them to stay so many years in the same institution.

As even this article has to come to an end, I will finish with the remark: Although the theoretical education in the American schools of nursing is far ahead of that in the Dutch hospitals, still the nursing care of the sick is decidedly not worse, but on the contrary better, in Holland. The education in Holland takes twice as much time as in America and the practical education is strongly advocated. This is possible not only because of the time available *but also because of the big staff of graduate general floor duty nurses, who are really the teachers of nursing practice,*[1] every moment of the day and night.

Summary and Conclusion

AMERICA has to be careful not to overdo the theory at the cost of the practice and to demand at least a three-years course. Moreover, the graduates have to understand that for a good, thorough education a sufficient number of graduate nurses in the wards is needed. Good salaries and a pension should be provided for them.

Holland has to learn from America that the curriculum has to be improved and shortened, and especially that good postgraduate courses must be started.

[[1] Italics ours. Ed.]

A New Epoch in Nursing[1]

[illegible]

[illegible] people and the language [illegible]. That nurses have learned [illegible] of the people is evidenced [illegible] meeting here today. [illegible] body of nurses could not [illegible] existence in these few [illegible] are ministered in some [illegible] people, and what is true of [illegible] is true of every other [illegible] that if we are truly con- [illegible] our field of work we must [illegible] the language of science.

[illegible] Dr. Burgess that if we [illegible] our problems will not be [illegible] solution, for the problems [illegible] and nursing education do [illegible] from those of almost every [illegible] activity. Business has [illegible] to relate itself to [illegible] to wit: the Harvard, Co- [illegible] other University Schools [illegible] and has rapidly amassed [illegible] knowledge that relates [illegible] of business and through [illegible] hoped to make business [illegible] sound. Many [illegible] might be cited, all of [illegible] are secondary in im- [illegible] our own field of work, [illegible] are assisting in the crea- [illegible].

[illegible] I wish to men- [illegible] of publicity. For a num- [illegible] years we have been striving [illegible] before the young women of [illegible] the importance of [illegible] and this we must never cease [illegible] a change of emphasis is [illegible] If nursing does not com- [illegible] to parents as a desirable [illegible] daughters, and it does [illegible] the reason. What [illegible] appears to be [illegible] nursing? [illegible] is of such little [illegible] bringing to light the [illegible] and striving to [illegible]—is that an insig- [illegible] contribution? I con-

tend it is not. I contend it is one of the most important contributions.

We must make the community see that if the conditions are such in nursing and nursing education that the profession is not attracting our best educated women, then conditions must be changed. This means a study of the hospitals in relation to nursing education. Are the hours what they should be? Is the educational content what it should be? Can the parents be assured of conditions which will give their daughters that kind of joyous service Dr. Frank discussed last night? If not, why not?

There is another matter of importance for the council. What are we doing for the sickness and health needs of the small communities? We are informed that there is an oversupply of nurses for the cities, but that the small community and the rural area have not an adequate supply. In this case should the local hospitals maintain schools of nursing and if so under what conditions? The small hospital offers certain advantages sometimes lost in the larger institution. Preëminently it demands an approach to and consideration of patients which is highly desirable in a program of nursing education; it provides for more personal understanding and direction of the student; it permits of more extended and thorough knowledge of the case; the atmosphere more nearly approximates the home environment of both patient and staff; it is believed that the students, limited in number, are a desirable factor in these small institutions; upon graduation, if their professional preparation is sound, they can serve equally well their own or the surrounding rural areas, or in the larger city with which they will be familiar through their preliminary and later affiliated courses.

[illegible]

It is important therefore to establish a [illegible] through which [illegible] to [illegible] that [illegible]

I [illegible] of the [illegible] to [illegible] [illegible] to appreciate its importance, [illegible] the hospitals to [illegible] appeal to the type of [illegible] that we need. I believe there is no question that these changes can be brought about.

No one can attend these meetings without being impressed with the extraordinary growth of the nursing field. I refer not to the numerical growth, but to the [illegible] and the [illegible] of the field [illegible] by the [illegible] and [illegible]. We have no reason whatever to be discouraged. We are, I believe, at the [illegible] of the road, but we [illegible] to [illegible] with a far wider vision than has before been possible.

Let me briefly review our professional history. Guided by laywomen, women went into the hospitals something over fifty years ago and cleaned up these institutions. You have only to read the history of Bellevue and Blockley to appreciate the great change in the methods of caring for patients. In those days the hospitals were for the pauper class alone. They were called asylums—idiot, lunatic, and pauper asylums—terms no longer in use, an indication in itself of social evolution. Hospitals today take care of all classes of people. It is no longer a disgrace to go into the hospital for medical and nursing care. Quite the contrary, although I must admit I recently heard of the case of a young husband who suffered a serious mental [illegible] which was finally traced to his [illegible] that, should his boy be born in a hospital, he could not in after years point to the house in which he was born. This well illustrates the change that has come about. Women have had much to do with these changes, and I see as the next step, as I hope you do, women going out into the streets, into the factories, into the tenements, into the prisons, and making these same changes in the community that have now been achieved in the hospitals.

If I had brought back but one impression from my journey to the Orient, the inspiration which I received from it would have compensated for every day of absence. Let me [illegible] my [illegible] by the [illegible] of the International Council of Nurses held in [illegible] of our [illegible] friends visited the United States. One of the things which [illegible] them was the absence of [illegible] high walls [illegible] the beautiful [illegible] of [illegible] homes. They said: "These beautiful

places unprotected and not overrun by the public. I should think you would like more privacy." It recalled a journey through southern England when we chose the old time coach rather than the automobile in order that we might look over the walls surrounding the beautiful estates. The great significance of this change did not at first enter my mind. Light began to break when I reached China, and I found the hours of meditation of the homeward voyage for the inspiring realization of this social evolution to dawn upon me.

Of the great wall of China we had for many years heard. In Peking we found the wall of the Tartar City and the wall of the Chinese City, and as the outstanding building our attention was called to the Forbidden City. Wherever you go in Peking you will see the walls, the towers, the golden roof of the Forbidden City, a magnificent group of buildings for the use of the imperial group and their entourage, protected from all intruders by two walls and a moat. The Forbidden City is today a dead city, a city of the past with grass growing between the pavements, the buildings open now for a few coppers to any who choose to go through them. But there is another group of buildings which you will also see, the beautiful green enamel roofs of the Peking Union Medical College and Hospital—buildings reproducing the best of Chinese architecture. Around these buildings there are no walls and under these roofs may be found both the wealthiest citizen and the poorest coolie in Peking. Never have I seen better equipment, better medical care or nursing care than I saw in the Peking Medical School Hospital. In no other hospital have I been where there was a periodic health examination of every single individual in the institution. I presume we could never grasp at what cost medical men and nurses have helped China produce this, but this is not the point altogether. The point is that here you have a picture of something that is happening in this world of vital importance; here you have convincing evidence of social evolution.

We may have a long road over which to travel. We must make communities see that they must support the hospitals and not lean on student labor. We must so adjust our program of nursing service that the unneeded contribution of the private duty nurse can be applied to the greatly needed bedside nursing of the sick in the hospitals. The best bedside nurse instructors will be the successful private duty nurses, but in order to obtain their services in the hospital their hours of duty must be such as will enable them to enjoy their work. We must see to it that the advancement in their salaries will relieve the economic pressure. All this is perfectly possible for such a wealthy nation, and only through such adjustments shall we create a democracy in which we can believe. Heartened by that wonderful picture of progress in far-off China, let us press forward and, obtaining the aid and assistance of the women of the community, let us seek to achieve this program of social betterment.

The Field of Industrial Nursing[1]

What the Student Nurse Should Know About It

WILHELMINA A. CARVER, R.N.

TO prepare for a position as a nurse in industry, it is necessary that we have some idea of an industrial hygiene program which modern progressive industries are attempting to advance.

Industry has made rapid strides in the last few years and with the stupendous changes in machinery, appliances, and equipment, with the placing of efficiency experts and "high pressure men," with their concentrated efforts on production, a fuller realization of the importance of the health and happiness of the worker has been brought to the employer's attention. The Workmen's Compensation Law, which places the responsibility and the costs of injuries to employees during working hours upon the employer, fostered the need for a first-aid room with a nurse in constant attendance, and a doctor on part time, at least.

Another important factor which previous to the war was hardly considered is the cost of "living and living." While the nurse in industry has little to do with the actual living, she is in most places a large factor in the building up of a [illegible] quality and the [illegible] due to physical [illegible] or [illegible] conditions which may be prevented.

The employer who has [illegible] recognized [illegible] the first-aid [illegible] to employ a person [illegible] should be interested in the human machinery and be quite sure that she can establish and build up a department to care for the health and welfare of his employees, which will be invaluable to his organization. A great many employers did not, and still do not, know just what to expect of a nurse in industry, but they are quite sure that if she is interested, alert, and tactful, she can find much to do aside from the professional duty of caring for an injured finger.

After the establishment of the first-aid room with facilities for the treatment of injuries, the duties of an industrial nurse become many and varied. We have listed, in the order of their importance, some of the activities in which she takes an active part: First-aid and safety, physical examinations, personnel work, sanitation and ventilation, dental clinic, food supervision, recreation, and health talks.

In order to know best how to prepare for a position, we must know of what that job consists. Therefore, we propose to analyze each of the above-mentioned activities separately and distinctly, taking as our illustration an industry in which a trained nurse is employed full time, a doctor and a dentist part time, and in which the welfare work is done almost entirely by the nurse.

First Aid and Safety

THE only [illegible] accidents which [illegible] hospital training has been in the emergency clinic and with the [illegible] accidents [illegible]. The field in the [illegible] of an industry a very different [illegible]. The accident case is brought to her

[1] Prepared as part of a series of vocational articles [illegible] by the [illegible] Council [illegible] Headquarters.

[illegible] is not present, she [illegible] first-aid treatment [illegible] handling of the case. [illegible] a level head and must [illegible] judgment as to the severity of [illegible] whether it needs hospital [illegible] or whether it would be [illegible] wait until the doctor [illegible] It may be a minor injury [illegible] the proper cleansing and [illegible] by the nurse, can well wait.

[illegible]'s reaction to a serious accident is very important. She can be [illegible], but at the same time, [illegible] in giving orders and [illegible]. This poise will impress [illegible] upon the employees and [illegible] upon it.

[illegible] responsibility does not [illegible] first-aid treatment. The [illegible] happened in her plant and [illegible] her to know how and why and to be able to state it clearly on [illegible]'s record. She must be [illegible] with the factory and with the [illegible] and materials used. With [illegible] knowledge, she will be able to [illegible] clearly the hazard. In almost every industrial plant, there is [illegible] Safety Committee, of which the nurse should be a member. If she has [illegible] a "shop intelligence," she [illegible] able to discuss the [illegible] of safety at the safety meeting [illegible] help to further the work of [illegible] in making the shop a [illegible] to work in. The nurse [illegible] with the Workmen's Compensation Law; she must know [illegible] a lost-time accident [illegible] the importance of [illegible].

[illegible] important duty from a [illegible] (in most accidents [illegible] the lack of thought) is [illegible] the value of [illegible] and to use the safest [illegible] if it be not the quickest.

[illegible]

Physical Examination

NOT only from a humane standpoint, but indirectly from its effect on production does an employer see the importance of guarding his employees' health. The idea of physical examinations has been sold to him and he is willing to employ a physician to do this work. During the hours the physician spends at the industrial plant, he will do all medical and surgical work required of him, along with the physical examinations. His time is limited and he depends largely upon the nurse for the preparation of the employee's mind for the physical examination. The average employee has a dread of a physical examination. This is due to the fear of what the outcome will be. As one employee was heard to say "I feel well, why try to find something wrong with me." The nurse's job is to educate the employee to appreciate the physical examination and the yearly re-examination from a purely personal standpoint; to make him realize that he and his family will benefit if his health is guarded and to help him to understand that the best way to guard his health is to know of physical defects, if there are any, and be willing to take the necessary measures to correct these defects if possible. The nurse must "get it across" to the employee that he will not necessarily be discharged if he has a physical defect, but that a transfer can be made in most cases, so that he can go on earning his wage in spite of the handicap. All this requires time, patience, and understanding. She must be able to put herself in the other fellow's place to get his viewpoint and in this way can do more in getting the employees' coöperation than any one else.

She must be familiar with the hospital clinics, with the social agencies

of the community, and with this knowledge [illegible] [illegible]

[illegible]

some cases little can be done to help [illegible] conditions, will form a valuable bond of loyalty between the shop and [illegible] in other words, between the employer and employee.

One case illustrative of the sort of work a nurse in industry can do:

[illegible] dispensary [illegible]. Receiving [illegible] at the [illegible] and his family, he launched into a [illegible] account of his wife's illness. She had a lump on her [illegible] and [illegible] going to a "specialist" [illegible] giving her [illegible] about two [illegible] to his [illegible] and receive [illegible] the [illegible] and [illegible] The [illegible] with [illegible] in the [illegible] Later [illegible] the family. [illegible] from the [illegible] as well?

Aside from the family [illegible] there [illegible] In [illegible] who [illegible] The [illegible] to [illegible] a [illegible]

[illegible]

[illegible] to her. In this capacity of intermediary between employer and employee, a spirit of good will is [illegible] the management to the workers, which does much to keep the general morale on a high level.

Ventilation and Sanitation

[illegible] nurse, or in fact the Medical Department as a whole, can do [illegible] to satisfy every employee in regard to ventilation. There are certain necessary rules which the nurse should know. Again let us say she must have a "shop intelligence." Being familiar with the occupational diseases prevalent in her type of industry will give her information which might be needed in persuading the management of the importance of [illegible] fans, blowers, and special equipment for ventilation.

Sanitation is a different problem, as there are rules of cleanliness which can be [illegible] carried out. The nurse will be obliged to inspect the toilets, showers, washrooms, drinking fountains, and lockers at intervals. She must have the coöperation of her [illegible] if she hopes for good plant housekeeping. The importance of storing materials and equipment neatly and properly must be seen by the [illegible], not only for orderliness but for safety as well. Receptacles for [illegible] trash and papers must be placed throughout the premises. These are just things a nurse must check up on. She will find usually [illegible] and washroom at[illegible] have their [illegible] looking its very best [illegible] of encouragement from her [illegible] way.

[illegible] natural sense of or[illegible] she must [illegible] likely to be specific problems to be handled.

Dental Clinic

THE industrial nurse's part in the Plant Dental Clinic is in one sense of the word a very minor one—if you can call education minor. She can do a great deal in educating the employee in an appreciation of mouth hygiene. She can make him understand the relative importance to his health. All this requires time, and the dentist in most plants does not have the time to do it. Of course, she also can make appointments and see that they are kept and check up on the every six months or yearly cleaning.

Food Supervision

IN some industries the nurse supervises and runs the cafeteria or lunch counter almost entirely. Here she will be expected to plan well-balanced lunches with consideration as to the price. Where there is a dietitian, she will be asked to advise and coöperate in helping to keep a schedule and on the advisability of a mid-morning and mid-afternoon luncheon. She should be free to go into the lunch room and kitchen at any time and should handle herself in such a manner as not to antagonize the workers in this department even though she might have a drastic suggestion to make. Neatness and cleanliness are two necessary requirements in an eating place and of course it is always within her province to insist upon them.

Recreation and Health Talks

RECREATION and health are closely allied and in planning recreational periods, helping to form clubs and socials, the nurse will have the opportunity of getting in health talks, either collectively, or individually. Particularly is this true where there are a number of female em-

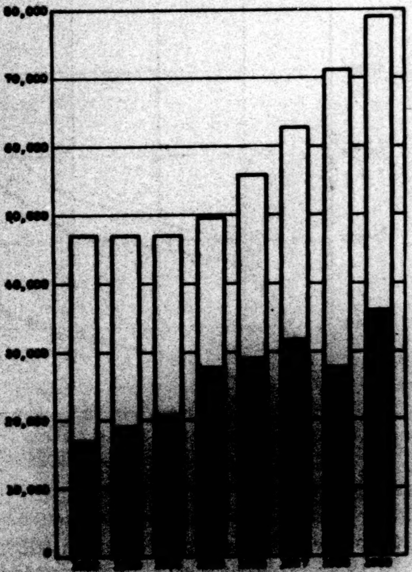
Nurses' Relief Fund of the American Nurses' Association

THIS subject of financial relief for [illegible] sick nurses has been ac[illegible] before the profession since [illegible] and the Relief Fund has been in [illegible] for nineteen years. By its [illegible] the fund makes a strong [illegible] appeal and gifts to it have [illegible] required by the American [illegible] Association of its members. [illegible] indicates, however, that for the years when exact comparative [illegible] have been possible the Fund has not even approximated a 100 per cent support from the members of the Association.

The early years were spent in building up the Fund. In 1915, when about $12,000 was invested for the Fund, the first requests for aid were granted. Between 1920 and 1923, as reported at the convention by Carrie M. Hall, Chairman of the Committee, the number of applicants doubled, and in [illegible] the number was four times as [illegible]. From 1927 to 1930, [illegible] to [illegible] nurses have been [illegible] annually in sums ranging [illegible] per month, in some [illegible] a period of months, in others [illegible] years. This tremendous [illegible] in accepted obligations led [illegible] to the expenditure of in[illegible] from carefully invested funds [illegible] use of current contributions [illegible]. This dangerous situation, [illegible] by Janet M. Geister, [illegible] and by the [illegible] and the Board of the [illegible] Association, graphi[illegible] Figure II, was presented [illegible] Council and to the [illegible] convention [illegible]

[illegible] to the delegates at [illegible] said, in part: [illegible] business method

Fig. I



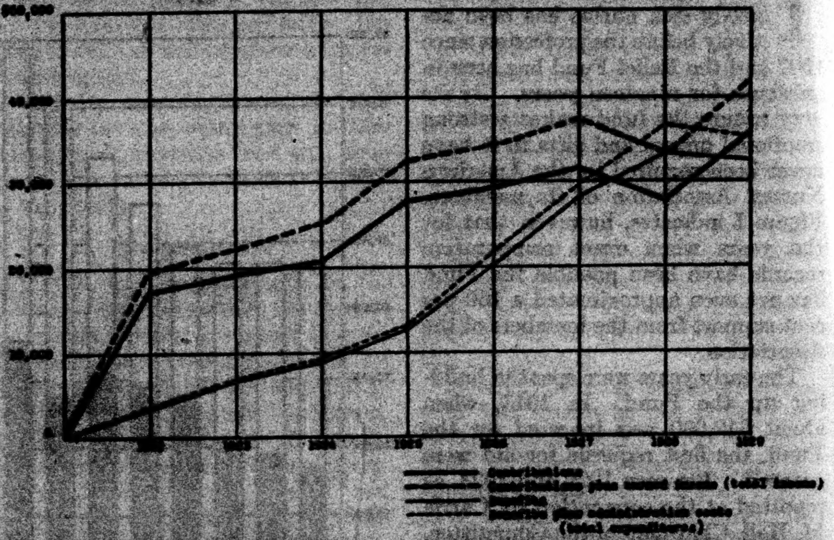
Total contributions to the Relief Fund during 1929 amounted to $36,978.97. Assuming that each dollar of this amount represents a contribution from one nurse, only 45 per cent, or less than one-half of our membership, is supporting the Relief Fund.

would be to regard all contributions as principal, invest them, thereby adding to our capital, and expend only the income from the investments. To do this, on the basis of expenditures of the last three years, would require an investment of over $600,000," whereas the present total is approximately $126,000.

Few people realize what a tremendous amount of volunteer work has gone into the administration of the Relief Fund. The tremendous task of handling the Fund was managed by the committee until Headquarters was well established and in a position to

[illegible]

Eight Year Comparative Record, January 1, [illegible] to December 31, 1929, of contributions received with benefits paid, and of fluctuations in total yearly income with growth in total yearly expenditures



take over all the clerical work in 1923. In 1926, the Board of Directors voted that two-thirds of the bookkeeper's salary be paid by the Fund, since it required that large amount of her time. Said Miss Hall of Milwaukee:

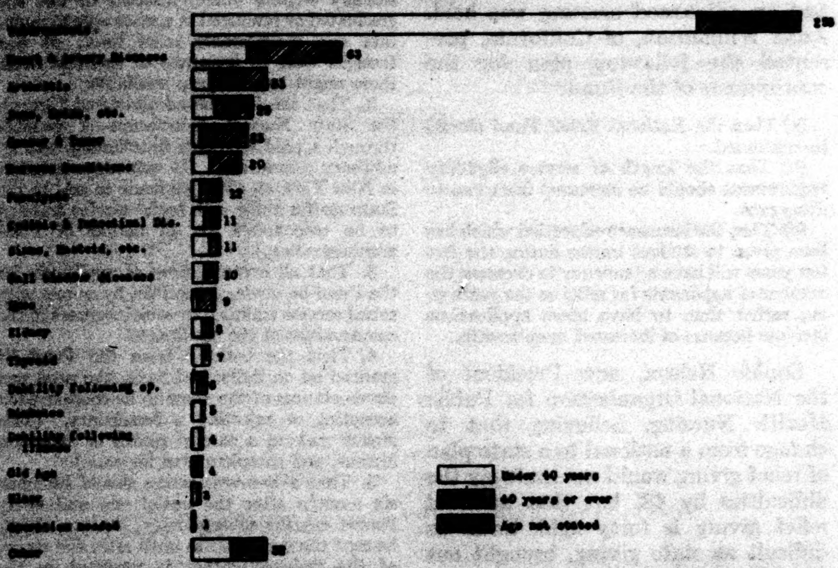
The investments of the Fund are the responsibility of the Board of Directors of the American [illegible]

[illegible]

[illegible]

ance. The National Committee cannot begin to keep in touch with individual cases scattered all over the country. The headquarters staff cannot possibly do the necessary work, even by correspondence. We must depend upon the local and state committees for supplying information which is needed upon which to make decisions. A few state and local committees seem to make careful investigations, while others only report the story which the applicant herself has given. [illegible]

Fig. 111
Diagnoses According to Age Groups of
Under 40 years and 40 years or over



The above classification covers [illegible] beneficiaries, the total number carried by the Fund since its establishment in 1911 up to May 31, 1930

which is essential in administering this Fund with wisdom.

Once having been accepted by the committee, the nurse usually receives aid until the [illegible] is [illegible]. There are only two reasons for terminating the aid by the committee: death or a return to duty. The committee is reluctant to dismiss beneficiaries who are still in need, for only in rare instances under our present method can local provision for them be made.

[illegible] help has been given to [illegible] for various [illegible] understood that the Relief

Fund is not in any sense an insurance association. The distinguishing features of an insurance association are that for a definite sum or sums paid in to the company, the beneficiaries may receive, under certain conditions, definite and proportionate benefits. The Relief Fund has required no definite sum from any nurse. There is no relation between the amount a nurse pays in and the amount to which she is eligible. She need not have contributed one cent in order to become a recipient of help from the Fund.

The articles of incorporation of the American Nurses' Association permit it to "distribute relief to such nurses as may become ill, disabled, or destitute." It does this through the Relief Fund. The American Nurses' Association has no authority, through its articles of incorporation, to maintain an insurance organization for purposes of disability or pension.

At the expense of appearing to be unsympathetic, it must be said that the Nurses' Relief Fund, as at present constituted, supported, and administered, can only be considered a worthy charity in which both contributors and recipients are vitally interested.

Discussion of Miss [illegible]'s report brought many able nurses to their feet and an adjourned meeting was held. Annie Williamson, of California, presented the following plan for the continuation of the Fund:

(a) That the National Relief Fund should be continued.

(b) That the length of service eligibility requirement should be increased from two to five years.

(c) That the insurance education which has been given to student nurses during the last few years will have a tendency to decrease the number of applicants for relief as the years go on, rather than to have these applications increase because of increased membership.

Sophie Nelson, now President of the National Organization for Public Health Nursing, believing that to change from a national to a state plan of relief giving would not multiply the difficulties by 48, but that national relief giving is forty-eight times as difficult as state giving, brought out the following points:

(a) That she does not believe that in a [illegible]

(b) That [illegible]

(c) That relief on a national basis [illegible]

(d) That, [illegible]

(e) That [illegible]

Alta [illegible], Chairman of the New York State Committee, presented a summary of the following report of the committee:

1. That the Relief Fund continue to be a National Fund. [illegible]

[illegible] that as the Relief Fund is a professional fund, it should be used for any professionally eligible nurse, whether or not she [illegible] to maintain any [illegible] relief fund. It was [illegible] need, [illegible]

2. That the Fund be administered through [illegible] possible through a paid secretary, [illegible] with an advisory committee. (It was suggested that in New York an effort be made to add to the State staff a nurse with social service training to be responsible for all details of Fund administration.)

3. That all investigations of applicants for the Fund be made, if possible, by nurses with social service training, or social workers in the community of the applicants.

4. That the benefits from the Fund be granted on an individual basis, the need and circumstances of the nurse to be considered in accepting or rejecting a beneficiary. (This would include a careful record of expenses, income and a complete plan for care.)

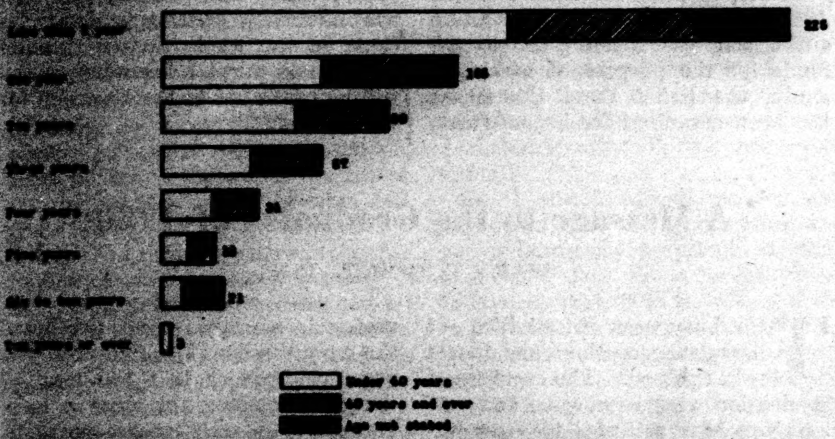
5. That a reinvestigation should be made six months after the initial one and every [illegible] that no checks be [illegible] until after the report of the reinvestigation is received in the [illegible] office.

6. That the [illegible] associations be encouraged to work out a plan for frequent [illegible] and personal contacts by the [illegible] and [illegible]

7. [illegible]

Other speakers took the floor to [illegible]

Fig. IV
Length of Time on Fund according to Age Groups
of under 40 years and 40 years or over



The above [illegible] covers [illegible] beneficiaries, the total number carried by the Fund since its [illegible] up to May [illegible]

[illegible] and has under consideration a plan for relief on a state-wide basis. [illegible] that points of view so [illegible], at that time, result in [illegible] action and the meeting adjourned [illegible] time for further thought [illegible] final business session.

[illegible] discussion[1] of Dr. Lapp's address on "Insurance for Professional [illegible]," [illegible] Sargent, President of the [illegible] State Nurses' Association, [illegible]:

[illegible]

[illegible] business session, Miss [illegible]

[1] [illegible] Journal of Nursing, August [illegible]

With the call for this convention there was contained the following resolution:

That after June, 1932, national relief be discontinued and that no further contributions to the Relief Fund be received.

That nurses receiving relief be so advised and that the states be given the responsibility of dealing with their own relief problems.

That the recommendations as to the future use of the Relief Fund principal be reserved for a later meeting of the committee and that the entire subject of the Relief Fund be discussed and acted upon at the Milwaukee Convention.

Miss Hall then moved to recommend the adoption of this resolution, which, after spirited discussion of the personal social and financial aspects of the existing situation, was carried. Miss Hall then presented a second recommendation which was carried:

The Relief Fund Committee recommends that the Committee be empowered to spend sufficient money from the Fund itself to study our situation in order to formulate some plan for meeting our already assumed obligations, to assist in working out constructive plans for states who may decide to continue relief projects, and to get assistance from individuals

in helping the committee to prepare their final recommendations for the use and handling of the disbursement of the Fund itself.

In response to the action of the A[illegible] authorizing the Relief Fund to use funds for the purpose of making a study, the Relief Fund Committee has been organized for its new task, and such a study will be under way very shortly. It is anticipated that at the next Biennial, as a result of this study, there will be a report which will make very definite recommendations on the whole matter of relief giving and mutual insurance which will be presented to the delegates for their action.

A Message to the Graduates of 1930

MARY E. O'NEIL, R.N.

THE busy week of festivities—of banquets, receptions, and dances—has passed. The emotions of graduation week have come and gone and you have returned to your customary routine. It was a thrilling experience—that week of graduation and from the mass of impressions it left with you there is one which, perhaps, stands out more clearly than others and that is—that you have heard a great deal of talk about education.

You wonder, in your reflective moments, what can be the purpose of all this insistence on education. You say: "Am I not [illegible] sick people? [illegible] the three precious years I have spent in a [illegible] [illegible]

[illegible] profession much eulogized; you heard the nurse's calling idealized until you began to wonder that the head of every nurse does not wear a halo. However, in your sober moments, when you weigh the actual performance of yourself and your companions as you know it in your every day experience, you are willing to acknowledge, very sadly, that much of this Angel of Mercy talk is what your last generation would term, "the bunk."

This is not because you have no yearning to be a better nurse than you are. Dear knows! You would love to be an angel of mercy, and you have honestly tried and are trying to become more like one. But, unfortunately, there are elements both in [illegible]

[illegible] in it and moulded [illegible] and far more serviceable [illegible] can the crudeness of [illegible], to a certain extent, [illegible] in the crucible of mental [illegible].

[illegible] do not say that education [illegible] one may resort to in order to temper this unwieldy [illegible] and make it [illegible] to the will of the nobler [illegible] it is one of the ways and [illegible] merits consideration.

Have you ever observed the behavior of truly educated people? I say "truly" educated because not all educated people are truly educated. Have you ever noticed how much [illegible] such persons are than [illegible] individuals, how [illegible] of human shortcomings, how [illegible] and self-restrained under [illegible] conditions and, above all, [illegible] they show for [illegible]? These are [illegible] educated people because they [illegible] education in the right [illegible]. They have made themselves [illegible] its effects and have allowed it to mould them into a finer form and have not striven to bend it into an [illegible] of superiority or a sword to [illegible] for themselves a harsh [illegible]. They have grasped fully the [illegible] truth that the only [illegible] in seeking a higher [illegible] is to make oneself a more [illegible] and useful being and to fit [illegible] better service to God's [illegible].

[illegible] is not, or [illegible] for distinction [illegible] to stand [illegible] other's [illegible] it [illegible] effort to correct [illegible] beings, in the course of time, a certain distinction. If so, well and good, but distinction rarely comes to him whose sole purpose is to seek it. To the majority, the only recognition will be that of the Recording Angel, who loves so to note the little, hidden, mediocre acts of daily service that seem so insignificant, yet are so far-reaching in their effects. And that is, after all, the best recognition.

So, I would tell all nurses, and particularly the young women who are just entering the profession, or who have entered it within recent years, to resolve that, if it be within their power to do so, they will at once or as soon as ever the opportunity arrives, continue their education. Strike out boldly for your college degrees—not just a Bachelor of Science but a Bachelor of Arts and then a Master of Arts. This can be accomplished by taking one or two subjects a year until the goal is achieved, for your education is no longer going to be a matter of two, four or six years but a life-time undertaking. That is what it means to belong to a profession; it is what sets a profession off from other occupations—this constant striving for perfection, in order to be able to measure up to the great responsibility a profession entails.

You may ask, why a Bachelor of Arts degree? Because the subjects comprised in that course are the ones which deal largely with humanity as a whole; they are the ones that help us to understand better both ourselves and our fellow-man. Humanity is the instrument upon which the nurse practices her art; she can never know too much about it. The necessity we are under at the present time of keeping up with the latest scientific developments is likely to keep us from neglecting that phase of our calling while, on the contrary, we are liable to

[illegible] Economies in Teaching

[illegible] Concerning Laboratory Materials in Bacteriology

JEAN BROADHURST, PH.D.

[illegible] ago, a critic con- [illegible] Mary Wilkins with two [illegible] able contemporaries, [illegible] Mary Wilkins's stories. [illegible] people. But these [illegible] too poor! They so- [illegible]."

[illegible] often comes to mind [illegible] our courses of study. [illegible] so much more [illegible] than we are able to [illegible] admit apologetically [illegible] are poor things—too [illegible], in content, and [illegible]. But, while ad- [illegible] are poor, let us pray [illegible] to keep them from [illegible] that they, too, "[illegible]."

[illegible] limiting factors in our [illegible] are the meager time [illegible] the curriculum, and the [illegible] funds for adequate [illegible] and working materials. [illegible] of scientists, super- [illegible] and supervisors, who have [illegible] offering decided [illegible] in the past generation, [illegible] the sciences, particu- [illegible] perpetually-demanding [illegible] still desire to ask for [illegible] is true that a few institu- [illegible] provide sixty hours of la- [illegible] bacteriology, and that [illegible] hours, but a [illegible] still offer only [illegible]. It is quite evident, [illegible] in many individual [illegible] curriculum is still too [illegible]

[illegible] equally wide [illegible] in the teaching [illegible] Some hospitals are very fully equipped, ranking with or above the average college laboratories; while others still struggle along with unbelievable handicaps such, for example, as only a dozen Petri dishes, or only two or three microscopes for classes of thirty or more.

Since money and time are both, unfortunately, very inelastic, since no dollar and no hour can be spent or used more than once, it is imperative that serious consideration be given to both of these money and time relations. Can we do a task or an exercise more expeditiously? Can we substitute a simpler or cheaper piece of apparatus for an expensive one, and so double our working aids? Is it not possible that there is, after all, some way of "stretching a dollar" or of crowding more into an hour of instruction?

It is with the first of these situations that we are primarily interested in this discussion, for there is no more common excuse or apology for impoverished courses and inadequate training in bacteriology than the lack of funds. The limitations set by a meager budget are easily understood, but it is surprising to see what can be done with a small allowance. If a three-hundred-dollar autoclave is out of the question, media can be sterilized in an improvised streaming steam container, such as a wash boiler, as described in the suggestions below. Such rigid economy is not to be recommended, however, if it is made at the cost of hours of the time of instructors or students; for time is not only money, it is more than money. Instructors worth the positions they hold, and

FIGURE 1.

[illegible]

[illegible]

is substituting a cheaper wire when [illegible] difference between [illegible] wire for our transfer needle and a platinum wire, which costs [illegible] will purchase five Petri dishes, ten one cubic centimeter pipettes or seventy test tubes.

No originality is claimed for the suggestions which follow. Every [illegible] quicker ways of her own for doing routine procedures, and adapts less costly substitutes for expensive apparatus, especially if she is prodded by Necessity, the Mother of Invention. The suggestions submitted here are characterized briefly, without any special plan or sequence in their listing.

Chromel Wire for Transfer Needles

[illegible]

Wash Boilers as Arnold Sterilizers

[illegible]

[illegible] in Auto- [illegible]

[illegible] leave too much [illegible] in the Petri dishes, [illegible] cared for by placing [illegible], a strip of any [illegible] paper or even [illegible] Figure I. The paper [illegible] than protruding the [illegible] lifting the cover a trifle.

[illegible] in Sterilizers

[illegible] is less likely to [illegible] the sterilizing chamber [illegible] the articles are packed [illegible] there is little oppor- [illegible] in the chamber. It has [illegible] the value of media, [illegible] is loosely arranged in the [illegible] they are placed for sterilization [illegible] more than two-thirds of the [illegible]

[illegible] Tubes for Fermentation Tubes

[illegible] costing but eight to [illegible] may be used very [illegible] of the more expensive Smith [illegible]. These bent tubes (Fig- [illegible] be packed more economically [illegible] tubes, and there is much less [illegible] during sterilization.

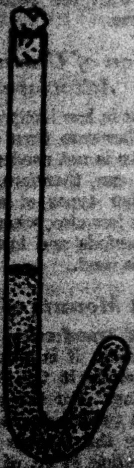


FIGURE II

[illegible] type of fermentation tube [illegible] (One half actual [illegible])

[illegible]

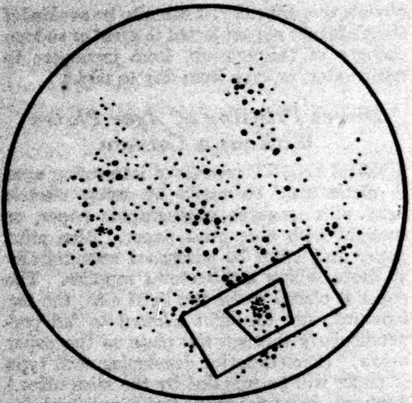


FIGURE III

A Petrie dish showing method of using cut-out pasters of designated sizes to calculate the number of bacterial colonies in crowded plates —over 300 colonies to a plate. (Reduced approximately one half)

Cut-Out Pasters to Give Fields of Desired Size for Observation

GUMMED pasters, cut out to give either one or two square centimeter areas, have been made so as to give fields of desired size for study. Crowded Petri dishes may be more readily counted if pasters are applied to representative areas (Fig. 3) and the counts based on these areas. The edge of the cut-out area fits closely to the Petri dish, and limits the area much more definitely than glass or pasteboard counting plates. The paper margin "rests" the eye when the Petri dish is held to the light for counting. These same cut-outs may be used below a slide, to spread out on a given area a known quantity of material; for example, 1/100 cc. of milk, in making direct counts of milk.

Reducing Water Condensation in Petri Dishes

REDUCING the temperature of the agar to as low a point as possible before pouring it into the Petri dish is helpful in lessening the later collection of huge droplets of water on the cover. The same result is sometimes attained by lifting the lid a few seconds while the agar is still hot, to allow some of the vapor to escape. Freshly made agar is more likely to form such droplets, having still a high proportion of water in it. The paper covers mentioned above will

[illegible] It also [illegible] of the [illegible]

[illegible] Plates

[illegible] which [illegible] prolonged [illegible] be made [illegible] in equal [illegible] A clear [illegible] the [illegible] bag, [illegible] The glyc- [illegible] 12 cc. [illegible] dissolved [illegible] degrees [illegible] of [illegible] drop [illegible] added to [illegible] better [illegible]

[illegible] Dishes

T[illegible] prevent [illegible]

[illegible] possible to carry [illegible] for several [illegible] due to contamin- [illegible] are much more [illegible] in their [illegible] case; and [illegible] due to bubbles [illegible] water is used.

[illegible] Drop Slides

[illegible] twenty-five to [illegible] used for hang- [illegible] drop [illegible] the ordinary [illegible] [illegible]

[illegible] Fields or Objects [illegible] a Slide

T[illegible]

sions of the field of vision on the stage, and has scales showing in millimeters from these dimensions the exact location of the corners of the slide when a given object is in view. These readings are, of course, true for any given slide on any microscope, and are an aid in quickly finding any designated object or area.

Household Articles Useful in the Laboratory

TEN-CENT stores, hardware shops, and department stores constantly surprise us by offering some inexpensive article adapted to laboratory use. There we have obtained, from time to time, eight-ounce graduates for eight or ten cents each; glass trays for draining slides; rectangular silver-drainers, which made very good wire baskets by merely snipping off the hooks for attaching them to a dishpan; covered cylindrical cans, suitable for storing media; small wire soap-cups, for holding slides during staining; and ten-cent jars for waste, to use as substitutes for battery jars listed at forty to fifty cents each in catalogues of scientific supplies. Cracker cans and other tin food containers make good receptacles for storing media; and a remarkable uniformity in what is truly a motley assemblage of shapes, sizes, and colors is gained by giving them all a coat of white paint, especially if a color, such as blue, is used as a band around the covers.

While glimpsing this list, each reader has doubtless thought of other interesting, if not superior aids, which she uses in her laboratory. Would it not be a good plan to devote a couple of pages of the *Journal*, every summer, to lists of laboratory and teaching aids that have been worked out the past year, so that they could serve as a help and a stimulus during the coming year?

Teaching Preliminary Students How To Study

The Need

[illegible] the preliminary [illegible] in our accred- [illegible] is quite new [illegible] out of high [illegible] college student she [illegible] including dor- [illegible] distractions, [illegible] her leisure time [illegible] she must plan her [illegible] develop her own [illegible] Often the work is [illegible] by teachers who [illegible] students know [illegible] A fact of most [illegible] unlike the college [illegible] nurse finds her- [illegible] situation of [illegible]

[illegible] not only to carry the [illegible] sciences, as pre- [illegible] curriculum, and the [illegible] courses that are [illegible] at the same time to [illegible] adjustments, is a [illegible]. These courses [illegible] nature; there is [illegible] generalization [illegible]. With few excep- [illegible] in any way [illegible] in high school. [illegible] is made all the [illegible] by the fact that their [illegible] provided them with [illegible] to the new.

[illegible] who have ex- [illegible] this situation in [illegible]

they get the material before them, they are unable to organize it for further use. These students are not able to study independently, nor to use the time at their disposal advantageously.

How This Need Is Being Met

OUR more advanced high schools perceive teaching how to study as an important phase of their own work. Supervised or directed study seems to be the method of doing this most generally accepted. However, we are told by good authority[1] that "no mode of school room procedure is more misunderstood than is supervised or directed study." It is quite apt to become a period when the teacher does police duty, keeping the students from wasting their own and other students' time; or it develops into a time when the more courageous ask for and receive help, while the others flounder unnoticed. The same authority goes on to say, "There must be some objective and tangible material which the teacher can use as a medium between her own mind and that of an individual pupil whose silent study she is trying to direct." The objectified assignment sheet has been developed and found of great value, both to the teacher directing study and the student while studying.

Our colleges and universities have met this need by establishing special orientation courses, or "How to Study" courses, for the freshmen, wherein they are given definite schemes for planning their study periods, taught economical use of text-books, reference libraries, and so on. Students who have not taken advantage of such a course in their first semester, often show marked improvement after doing so.

[1] [illegible], "Directed Study: [illegible]," *School Review*, November, [illegible].

[illegible] to pass you have [illegible] your last opportunity [illegible]

[illegible] Useful for [illegible]

[illegible] a specific purpose. [illegible] thought by asking [illegible] attitude [illegible] lecture and reading. [illegible] effectively.

[illegible] University School of [illegible] study hall, nor [illegible] a large number to [illegible] our students must [illegible] assignments from [illegible] while in their [illegible] material is studied [illegible] library which will [illegible] thirty at one [illegible] use when studying [illegible] assignments sheets [illegible] in certain courses, [illegible] all us have proved [illegible]

[illegible] make them conscious [illegible] while studying [illegible] them to time [illegible] how long they [illegible] After [illegible] were regularly [illegible] were called to a pri- [illegible] and individual help [illegible] their [illegible] how to [illegible] have [illegible] their study [illegible]

student. Being early in the semester, it is necessary to go into great detail.

Lecture II

Assignment: *The Principles and Practice of Nursing*, Harmer. Chapter III, pp. 20–39.

Hygienic Housekeeping

General Aim—To relate our knowledge of science to housekeeping.

Specific Aim—To apply this knowledge to specific instances in hospital housekeeping.

Care in keeping all conveniences in good working order is the duty of every member of the household or institution.

I. The ward as a home for the sick. (Read once.)

Underscore sentences or phrases that state the main topics.

Make marginal notes, if it will help you.

II. Ventilation.

(a) The best temperature for a room is from —— °F, to —— °F.

(b) The humidity in the hospital should be from —— % to ——%.

(c) Patients do better when the temperature is constant. (True, false).

(d) People, sick or well, should choose air that is perfectly quiet. (True, false).

(e) Be prepared to describe what you mean by impure air.

(f) List, in short sentences or phrases, the methods of securing proper air control.

1.
2.
3.
4.
5.
6.
7.
8.

III. Heating. (Read once.)

(a) Turning off the heat is a more economical means of regulating the temperature of a room than opening the windows, when the temperature is too high in cold weather. (True, false.)

(b) For hospital use, —— is the more desirable method of heating.

IV. Lighting. (Read once.)

(a) [illegible] Hospital has provided for good natural lighting by ——.

(b) The outstanding disadvantages of electric lights are —— and ——.

V. [illegible]—Continued.

(a) [illegible]

(b) [illegible]

VI. [illegible]

(a) [illegible]

(b) [illegible]

(c) The method of cleaning will depend upon:

1.
2.
3.
4.

(d) List types of cleaning agents, giving example of each.

1. 4.
2. 5.
3. 6.

VII. [illegible]

VIII. [illegible]

IX. [illegible]

(a) [illegible]

(b) [illegible]

(c) [illegible]

(d) [illegible]

X. Spelling. (Be able to spell correctly and to define accurately.)

(a) Solvent.
(b) Pores.
(c) Absorbent.
(d) Humidity.
(e) Volatile.
(f) [illegible]
(g) [illegible]
(h) [illegible]
(i) [illegible]
(j) [illegible]

XI. [illegible]

(a) [illegible]

Or, suppose you [illegible]

(b) [illegible]

(c) [illegible]

(d) Prevention of [illegible]

[illegible] on [illegible] uses [illegible] are [illegible] should [illegible] is [illegible] has [illegible] calling [illegible] time [illegible] hands, [illegible] period, [illegible] knowledge of the [illegible] lesson. [illegible] is [illegible] assign- [illegible] im- [illegible]

[illegible] ma- [illegible] This [illegible]

[illegible] vocabulary in [illegible] Carefully chosen [illegible] be needed in the in- [illegible] assigned for them [illegible] and duties. The in- [illegible] to use them freely in [illegible] doubt as to their [illegible] situation may be [illegible] in the recitation [illegible]

[illegible] conception of learning, [illegible] philosophy of Dewey [illegible] states that the [illegible] a reconstruction of [illegible] that learning may [illegible] bonds must exist be- [illegible] experience of the [illegible] which is to be [illegible] become as much a [illegible] life as that which [illegible] That these bonds [illegible] up and strengthened, a [illegible] be derived from the [illegible] only as can the desired [illegible] Kilpatrick gives [illegible] thought when he states, "[illegible] been learned until it is [illegible] to serve as [illegible] way of behaving."[4] This [illegible] Dewey means when [illegible] education is growth." Op- [illegible] therefore, must be pro- [illegible] instructor, that these [illegible] be created to unite our [illegible] subject matter with [illegible] experience, and learning [illegible]

[illegible] concomitant learnings [illegible] The students [illegible] attitudes [illegible]

[illegible] Method, Kilpatrick, p. 277.

desirable that a close connection to the home situation be made in the preliminary course, hoping thereby to simplify nursing in the home—whether private duty, visiting nursing, or whatever the service—for our future nurses. With all this in mind, each student is given the opportunity to write a very short paragraph upon a topic pertaining to the assignment, but, at the same time, referring to her previous experience for the most of it. Great effort is made to make this especially practical. By allowing some range of choice, if possible, the student has more freedom of thought, and will be able to see and feel herself in this proposed situation more readily. This phase of the assignment becomes impractical when certain of the more technical procedures are under discussion.

Conclusion

In conclusion, the needs of our entering students have been studied with the view of helping them to enjoy a profitable and happy student life while in our school. Their deficiencies have been faced and analyzed. Their coming difficulties have been recognized. By making them conscious of some of their faults, as well as of their progress, these students should learn to study effectively, and with comparative ease. They will enjoy studying, as they overcome their handicaps, gain in knowledge and find enjoyment thus widening their mental horizon. The objectified assignment is one means of furthering their ability to study, and to secure information from text and reference books. It is found that students enjoy using it and the instructors are finding greater satisfaction in the work done in their courses.

[illegible] nothing more [illegible] one hand to [illegible] turn back. [illegible] means to reap a *harvest of sound nursing education, with all that it implies in more intelligent nursing care of the sick and a more intelligent handling of health problems.*

[illegible] Nurses' Clubs or Nursing Centers?

[illegible] various cities, have [illegible] responsibility [illegible] over $1,000,000, in- [illegible] An inquiry [illegible] value of those [illegible]

[illegible] more or less limited [illegible] in addition to [illegible] an official registry [illegible] and other [illegible] Data have not [illegible] amount invested [illegible] for nurses by the [illegible] Guild, [illegible] It [illegible] the very least [illegible]

[illegible] Are nurses [illegible] of their own [illegible] residential club, [illegible] only a [illegible] alumnae clubs which have an active interest in helping the recent graduate to establish herself.

The Residential Club in a Converted Building

FOURTEEN of the twenty clubs sending in returns are established in residences or apartment buildings which have been more or less adapted to club use. Of these, ten are under the direction of district associations, three are alumnae clubs, and one is headquarters for a county group within a district. Four represent sums of money with which the property was purchased, or direct gifts of houses. Two had substantial gifts which were supplemented by the professional group. One rented for a year or two before purchase. Those purchased without the aid of gifts have been financed either by relatively large down payments and notes, down payments and mortgages, or by bond issue. The others rent or lease.

The number of residents accommodated in this group of clubs varies from eight to forty. Answers to the question, "What percentage of the supporting group is accommodated?," vary from "undetermined" to "three per cent," with one accommodating [illegible] per cent of the total number. [illegible] failed to answer. Several replies, some from small clubs, indicate that rooms are rented to non-nurses because a sufficient number of nurses have not made use of them.

[illegible] was a [illegible] been [illegible] taxes, [illegible] club is [illegible] or of [illegible] of the [illegible] and de- [illegible] reserve [illegible] from the [illegible] in the [illegible] to [illegible] to be- [illegible] center [illegible] dis- [illegible] do [illegible] in- [illegible] are [illegible]

[illegible]

[illegible] thought in the dis-[illegible] service.

[illegible] club of which we [illegible] the Central Club of [illegible], was built and is [illegible] Y. W. C. A. at a cost [illegible] the purpose of provid-[illegible] quarters for nurses [illegible] the freedom, ad-[illegible] protection of a home [illegible]." The dis-[illegible] and other nursing or-[illegible] arranged for the use [illegible], but the Central [illegible] of the district as-[illegible] elsewhere. The [illegible] limited to registered [illegible] may live at the [illegible] exceeding five years. [illegible] this club from a resi-[illegible] is attested by its [illegible].

[illegible] successful residential club [illegible] is the St. Barnabas Guild [illegible], of Cleveland, Ohio.[1]

Nursing Centers

[illegible] type of club, or nursing [illegible] seems to be growing in [illegible]

[illegible]

Cleveland are fortunately cared for by the Club House provided by St. Barnabas Guild.

The First District Association of Illinois (Chicago) has had wider experience than most. A residence, some distance from the business section of the city, and strictly a residential club, given to the association some years ago, still provides living quarters for a small percentage of the membership. The Official Registry, association offices, and a lounge are maintained in the heart of the city. Smaller meetings are held there. For meetings of more than seventy-five persons, rooms are rented at the Chicago Woman's Club. The association is still studying the question, "What is the best type of nursing center or club?"

The Third District of the Minnesota Association (Minneapolis) has a center which provides accommodation for the official registry, a rest room with four cots, for those who wish to rest between engagements, a large club room which accommodates all regular and special meetings of the various nursing organizations. An adjoining kitchen and serving room make possible the serving of refreshments. A library is being built up and, through all these means, a true nursing center is functioning effectively in Minneapolis.

In San Francisco, which has long had a residential club which housed the Official Registry (see *Pacific Coast Journal of Nursing*, April, [illegible]), "a foundation is being established to provide for the permanent maintenance of a headquarters. The Western Women's Club has been selected as a location." This club forms an unusual and fortunate setting. First, it is a large, beautiful, and highly useful building, centrally located. Secondly, its many activities [illegible]. Among these are its

not
uld
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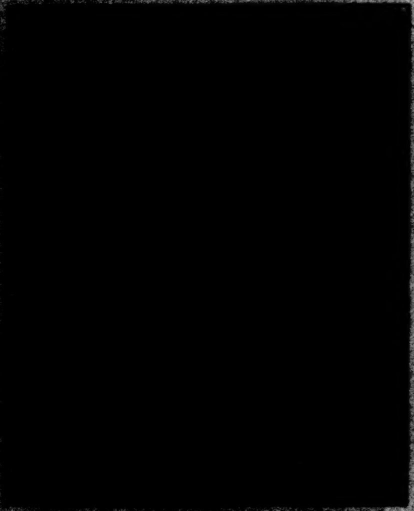
ne
on
ys
of

[illegible] Treatment of Varicose Veins

[illegible], R.N.

[illegible]



[illegible] After a Few Treatments

[illegible]ferred to the medical clinic for examination, especially the arterial circulation.

Contraindications to the treatment [illegible], such as severe kidney disease, [illegible] degeneration, and pregnancy. The only absolute contraindication is a [illegible] thrombophlebitis. [illegible] medical examination the [illegible] to the vein clinic, brief [illegible] are taken, [illegible] if a man, or if a [illegible] to the thigh, [illegible]. Both [illegible] by [illegible]. On [illegible] and [illegible]

[illegible]

is
for
of
in-
pe
p-
nd
it

[illegible] of Sick Patients

[illegible] R.N.

[illegible]

[illegible] hospital to his home in the [illegible]. We left in the early [illegible], reaching his destination at [illegible] o'clock the second morning, a [illegible] of thirty-six hours, or two nights and a day in the sleeper.

Ambulance service, transportation, and sleeper accommodations, were arranged for as indicated above. [illegible] the transportation com[illegible] of the patient's condition had [illegible] in orders being passed along [illegible] and, at every terminal where the train was switched, the [illegible] care was used to handle our car with the least possible jolting. At [illegible] points en route a railroad rep[illegible] called to inquire as to what [illegible] for the patient's comfort.

Due to the patient's condition, [illegible], hypodermics, and [illegible] care were necessary en route. To care for him properly I [illegible] what would be needed to [illegible] every contingency that might [illegible] and provided myself with the [illegible]:

[illegible] Hot water bottle
[illegible] Bandage scissors
[illegible] Curved basin (large size)
[illegible] bag
[illegible]

I might say that every item mentioned was used, except extra catheter and rectal tube. For the trip a fresh retention catheter was inserted and, fortunately, a change was not necessary en route. As the patient had free evacuations on the day of departure, an enema was not needed. The usual hospital attention was given after the patient had reached home and rested a little. I sterilized hypodermic and needles, packing them in gauze in such a way that one could be removed without contaminating another. I had a pint fruit jar with 70 per cent alcohol, into which I dropped the hypodermic syringe after using, in case of an emergency. Only two hypodermics of Schlesingers Solution 10 Mgm. were given on the trip, one at bedtime the second night and the other before leaving the train at the end of the journey.

The boric solution 50 per cent I had sterilized in a 1500 cc. flask and packed with cotton pads and extra bed pad. The Kelly clamps were wrapped separately. Alcohol, for hypodermics, and sterile water I had in sterile pint fruit jars with screw tops. Catheters were wrapped in sterile gauze. The irrigating bag of rubber had been dry-sterilized and an extra tip was included in the package. I was very careful not to contaminate the inside of the bag and, by using a new tip, could use the bag a second time. I heated the flask of boric in the kitchen of the dining car and used just what I needed, leaving enough for the afternoon treatment.

We had the patient at the station in ample time for his comfort. He was so delighted with the prospect of getting home that he was most coöperative and in the best of spirits. As the train drew into the shed, the passenger representative and I went into the drawing room with a porter, who was told not to leave me until I had finished with him. I had both mattresses placed on the lower berth, leaving the top berth up. We placed sheet over mattresses, then rubber sheet and a sheet folded for drawsheet, pillows in place, and quilted pad. The patient was admitted through the window, which was done very nicely by placing the baggage truck along the window. Several men stood on it and, with others lifting the stretcher up to them, they passed it along to the porter, one other man, and myself. We then eased the patient to the bed with only slight discomfort on his part. The whole transaction took less than ten minutes. I then placed a blanket over the windows with shades drawn, pinning it to the hooks on the light fixture at each end of the berth, tucking it well under the mattress so that no wind could reach the patient. I arranged a number of small pillows under his legs and shoulders until we had him perfectly comfortable, placing a cradle made from strong 18-inch wire fencing over his feet to keep the weight of the covers off his legs. I then arranged sheets and blankets to his liking, putting an extra blanket over the foot of the berth, tucking it in well so that no draft could possibly strike him. It was late November, with snow on the ground.

The usual nightly medicine had been given before leaving the hospital (veronal, gr. v; codein, gr. ss; and aspirin gr. x), and by the time I was ready for bed the patient was sound asleep and slept so soundly all night that I felt worried about him, but he was so completely relaxed and happy that it was almost 8.30 before he opened his eyes.

I had arranged the drainage bottle on the floor, bracing it securely by folding a towel around the bottle and

pinning it to the side of the berth. The first thing we did to start the day was the usual morning toilet, preparation for breakfast, and rearrangement of pillows, with particular attention to the back which I rubbed well with alcohol and powdered, as I placed a fresh pad under the patient's hips.

We were most fortunate in having a diner next to our car, with the kitchen nearest to us, which made it very convenient for me. We arranged luggage to make a table on which I could set a tray and feed the patient with ease. About 10 a.m. I gave a bladder irrigation. I took the flask to the kitchen and the chef warmed it for me and by hanging the irrigating bag from the light fixture, I had it just the right height for irrigation. The basin received the return flow.

I got some newspapers and the patient enjoyed reading; then he took a short nap and it was lunch time before we knew it. About 4 p.m. I gave the other irrigation with equal success. I frequently eased the patient's position, rubbed him with alcohol, and changed pillows. Like most patients, he enjoyed the slight change. After supper Mr. L. enjoyed a visit from a friend who got on along the route. He was asleep by 10 p.m., but didn't sleep as well as on the first night. He awoke early, worrying about how we would get off the train. I asked the Pullman conductor to lend us two blankets. I took a sheet and the two blankets, and rolled the patient in them. One blanket and sheet were pinned around the patient to form a wrap along kimono lines, fitting snugly over his bathrobe. This I had put on the patient backwards. Sleeves were fashioned from blanket and sheet with safety pins so that his arms were free. Blanket No. 2 was used as a stretcher, catching corners and sides for lifting. A truck was pulled alongside the window as when loading the patient, some strong men, reaching in the window, caught the ends of the blanket and passed it along to others on the ground as we eased the patient through the window. We found this arrangement much easier than the stretcher had been when getting on the train.

Ambulance and family were waiting, so we had plenty of help. The patient was placed on the stretcher and in the ambulance, and we were home in a very few minutes. He was transferred to a comfortable bed and was so happy at being home again and seeing friends. He ate breakfast and seemed quite a different person. After resting we started our usual daily routine.

My chief concern was to keep this good work going, so I daily tried to have something new to help time pass. As he gained strength we found new things to do.

The bed pan was not so comfortable and the patient thought if he could sit up he would begin to gain control of the bowels. We tried a commode, but it was too low. I took a chair about as high as the bed, sawed the seat out to a comfortable sized commode, padded it with white outing flannel, and covered the bottom of the chair with an oilcloth apron, placing shelf for the pan across the rungs of the chair. Over this we made a cretonne cover to match other chairs in room and it did not have the appearance of a commode. We found this was the most comfortable arrangement, and by getting up at regular intervals he soon had formed gratifyingly good habits. Each day he ate prunes cooked in senna, and no other cathartic was necessary.

The next step, as the days passed, was to circulate through the house.

I found an old Morris chair, that was a good size, and painted it a pleasing shade of gray. A carpenter fastened a large ball bearing bed-size caster to each leg of the chair, and with this we could go to other rooms and to the table for the mid-day meal with the family. We all encouraged old habits. As strength was gained we added a few more clothes each day until on Thanksgiving the patient came to dinner fully dressed. I don't know anything that gives a man as much confidence as having his pants on after a long sick spell!

We then ordered a wheel chair and got out on the porch. We had a ramp built to take us down in the yard, avoiding steps. Very strong timbers were used for this, well braced by strong cross supports, resting on solid blocks. On each edge a 2 x 4 strip was used, so as not to let the wheels go over the edge. Down the center of the ramp cleats were used to help me brace myself while taking the chair down. After a few days we wheeled around the block each day, venturing farther away until we finally got to the patient's place of business. We looked it over, not going in, but next time we went in and each day stayed a little longer, until the patient got to his desk, with the aid of the elevator and by removing a door from the hinges. He then tried to take a few steps, gaining one more each day, until he could walk from the bed to the dining table. As progress continued we went for drives in an automobile, increasing the time, until he could easily go for two hours.

Each day we added something more, reading, cards, cigars, fruits, [illegible], a surprise here or there, and the days were much shorter. He gained strength, ate more and slept better and was not taking anything in the form of medicine except the senna.

When rainy days came I knew that our efforts to get into the sunshine had not been in vain. Confidence had been established and the patient could get to the commode alone, could stand without assistance, could dress himself and showed such pleasure when praised for his efforts.

Each day brought new interests and improvement. I stayed South just as long as I possibly could. While it was a very trying and difficult case, with long hours, I found that great satisfaction of feeling that I had made an effort to make life just a little more bearable for one whose malady had only one course.

I once went to a southern state to accompany a patient North. This patient had to have compresses constantly on an infected foot. I could get hot water from the diner and kept up the heat with the aid of hot water bottles, protecting bedding with rubber sheeting and an extra sheet.

Again, I recall a trip with a month-old baby. I arranged this twelve-hour trip by sterilizing bottles and nipples and wrapping separately. Feedings were carried in thermos bottles and transferred to the bottle as needed. A rubberized bag is a necessity to carry soiled diapers. I first flush them well in the commode, wring tightly, and place in bag. I arranged a bed with pillows on the seat, and the journey was ended all too soon.

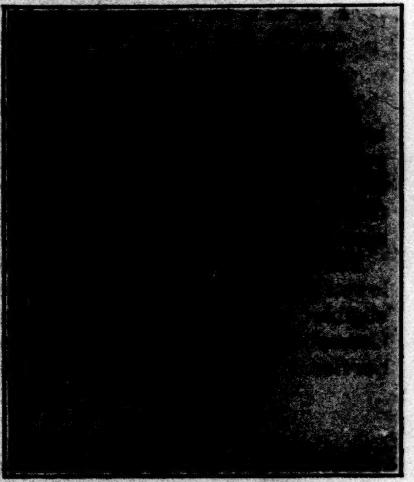
I would like to add that after a patient is removed from a train the room is sealed until the car reaches the yard and then given special fumigation. All linen used is given special attention and not mixed with regular sleeper laundry.

The Florence Nightingale Medal

CLARA D. NOYES, R.N.

In the summer of 1912 the Ninth International Red Cross met in Washington, D. C. At that time the Memorial to Miss Nightingale was agreed upon.[1]

Undoubtedly Miss Delano believed that her efforts to restrict awards of the medal only to "trained nurses" would be understood, and only those who fell into this class—as she understood it and as it was so stated in the report of the committee which was appointed to draw up the regulations—would receive it. Unfortunately the qualifications of the nurse were not defined, furthermore no one, including Miss Delano, could foresee that Red Cross Societies, as long as it was left to them to make the nominations, would place their own interpretation upon the term in the light of nursing conditions in the countries concerned. As a result it has unquestionably been conferred upon women who were engaged in organization work "only" and who could hardly be regarded as graduate nurses, as we understand the term. Miss Delano evidently had in mind lay Red Cross workers, and not nurses, when she spoke of "women engaged in organization work."



THE FLORENCE NIGHTINGALE MEDAL

As the medal is rather large, small replicas which can be worn conveniently are also presented to those honored.

Six medals were to be awarded annually, but inasmuch as no medals were given—because of the World War—until 1920, a larger number ([illegible] in all) were available and the American Red Cross was privileged to nominate six.[2] Mary E. Gladwin's name had been suggested prior to the World War, because of her work in [illegible].

In order to provide an endowment fund, each Red Cross Society was asked to contribute. The American Red Cross gave $500.00.

Every two years the International Committee of the Red Cross at Geneva issues a notice to national societies to the effect that an award is to be made and gives the conditions. Those for 1929, last received, are as follows:

1. The candidate with a diploma should preferably be a Red Cross Nurse.
2. She must have served on the field of battle or in some public calamity.
3. She ought, as a rule, to be of the same nationality as that of the central committee presenting her.
4. With regard to nurses who have fallen in the field of honor (Decision of the Tenth Conference) the medal shall be awarded:

   In the first place to the one who died in active service during the war;

   And then to the one whose death took place in the course of active service in a case of epidemic or disaster.

[1] See History of American Red Cross Nursing, pages [illegible].

[2] See page [illegible], Volume XXI, of the *American Journal of Nursing*.

Furthermore, in addition to details of birth, nationality, type of diploma and so forth, the kinds of service—military or civil, in war or in time of peace, and so forth, must be indicated in the curriculum vitae.

It will thus be seen that considerable latitude in selection of candidates is possible. The National Committee on American Red Cross Nursing has recommended a more definite statement on the question of eligibility.

The American Red Cross has followed the custom of securing names of eligible nurses from the National Committee on Red Cross Nursing Service. These are sent in turn to the International Committee at Geneva. When the medal is received it is forwarded by the Central Committee with a congratulatory note to the recipient. In smaller countries the Red Cross Societies arrange a public meeting at which time the medal is awarded, sometimes with elaborate ceremonials.

The following American Red Cross Nurses have received the Nightingale Medal: Alma Foerster, Mary E. Gladwin, Florence M. Johnson, Linda K. Meirs, Martha M. Russell, Helen Scott Hay, Clara D. Noyes, Lucy Minnigerode, Alice Fitzgerald, Carrie M. Hall, and Julia C. Stimson.

The Growth and Development of Office Nursing[1]

FRANCES PEDERSEN, R.N.

IN years gone by a nurse who took up office nursing was considered, by some, to be lacking in nursing ideals and to have stepped out of the field of nursing. Today in the list of opportunities offered to the twentieth-century nurse we find office nursing one of the fields mentioned; even the annual questionnaire of the Red Cross nursing service contains the words, office nurse, to be underlined if you are in that branch of nursing work. It no longer has to be written in as we have had to do in former years.

We are rapidly gaining [illegible] which speaks of our [illegible] angles: (1) we are [illegible] work; and (2) with [illegible] the busy physician has found us to be an asset in his work.

Another evidence that we have been a success and that we are here to stay is brought to mind by an article in the April number of the *American Journal of Nursing*. It tells of an interesting experiment being carried out by the Bellevue-Yorkville Health Demonstration in New York City and of which the Health Commissioner states: "Our observations indicate that the lack of a trained office nurse frequently makes it difficult, if indeed not impossible, to give adequate attention to this important field of medicine (preventive medicine)." The idea of the experiment is to help the physician in carrying out his work.

[illegible] activities are those of help- [illegible] his [illegible] records, mail- [illegible] and folders [illegible] the waiting room [illegible] In [illegible] that a private office [illegible] to do. [illegible] assigned to a physician either one half day or a full day a week, the

[1] Read at a Round Table [illegible] Convention, Milwaukee, June [illegible], 19[illegible].

physician arranging his office appointments so as to make the fullest use of her service on that day. This arrangement, however, would not fit in the average type of office work, for well we all know that no one can tell what a day will bring forth. It does, however, emphasize the value of nursing service in office practice.

To be successful in any field one must work honestly and ever try to achieve something greater than that which we already have. As nursing owes its greatness as a profession to the fact that its chief tenet is service, let us continue to improve this service. A physician values an intelligent nurse; he wants a nurse who not only can do routine work but also one who understands why she is performing a certain work.

In the growth and development of office nursing the pioneers in the field have found that the type of work has varied much more than in the other fields of nursing, and more was expected of an office nurse than of one in any other class; but anything done well is always worth while. The service must be suited to the one in whose employ she is and may vary from all kinds of professional duties to that of knowing that the automobile is in perfect running order, figuring out an income tax report, purchasing supplies or many other minor details of everyday life.

We find many classifications in our specialty; nurses who execute all nursing and business management with an assistant for reception room service, nurses who execute all nursing and business management without other help, nurses whose duties are purely professional, such as routine laboratory work, x-ray work, assisting in operations, doing dressings at hospitals where the internes are employed, making house calls where special treatment is needed, and the administration of anesthetics.

The latter service seems still to be a field not well accepted by some of our physicians. Not many months ago I was reading an article concerning anesthesia. In the discussion which followed, a certain well-known specialist in that field doubted the wisdom of the present tendency toward the employment of lay anesthetists and believed it not only contrary to the medical practice act and professional ethics but sure to result in the degeneration of the art of anesthesia. However, we have many capable and well-trained anesthetists within our profession. They have made good.

The office nurse whose professional duties have brought her into daily contact with hospital work and routine has been very fortunate. She has had an opportunity to observe the advancement made in those institutions due to the hospital standardization which has played such an important part in the last few years. This has been a great help in keeping her from becoming "dead timber."

I believe if more physicians would stop to consider in how many, many ways a nurse can render him valuable assistance and be a time saver to him, many more would make use of the service and not consider us a "luxury class" as we were thought to be in the pioneering days.

In order to promote the proper development of successful office nursing a capable, qualified office nurse must be an observant nurse, one who understands the ways and "whims" of the physician employing her, so trained that he need not always have to make his wants known (mind reading is valuable) because she will know what is needed next, and what to prepare for the work he is to perform. If it is to be an operation she should know all

[illegible]

necessary and "pet" instruments needed; she should be able to act in an emergency until he arrives; to have patients ready for examination and treatments so that his valuable time will not be lost. She must also remember at all times to be loyal and faithful and to use discretion. An unguarded word or act may cause a patient to lose confidence in the physician and also in the nurse herself. Be refined, courteous, quiet, and above all do not forget to be kind-hearted and sympathetic. Illness makes one abnormal and you will find many patients really frightened and extremely nervous at the thought of an examination or a treatment to be given. A kindly sympathetic word or touch often does wonders and many a time I have heard these words—"It helped me so much."

A study of the doctor's library in order to make yourself conversant with the advancements in the field of medicine and surgery, and asking him questions on subjects needing his explanation, looking up references and making abstracts on some particular subject in which he is interested, are also very helpful in advancing your position as a capable office nurse.

Since the establishment of modern nursing the nurse has always had a place of honor and trust in the community; if you have come from the private duty field you have had patients and families who have held you in esteem and affection. In this newer field of our profession you may still enjoy this confidence; you need not lose this contact; it may be even greater as you have an opportunity to meet a larger number.

We are all workers in life and we should at least do the best we can and thus derive pleasure and success from so doing. All professions are banded together in associations to maintain ideals and keep in touch with the advancements made in their line. Living as we do in scattered communities we may lose sight of the work we are endeavoring to do unless we plan to study and be interested in each other's problems.

In conclusion may I say that I trust my thoughts are an echo of yours; they are that we should put into action our better impulses, strive to keep in touch with each other and with the advancements in our particular field, develop it and build up a worth-while section in this great association of ours. It is not a one-person task; it rests with us all.

The Public Health Nurse for September

Official Magazine of the National Organization for Public Health Nursing

(May be had in combination with the *Journal*)

School Health, Charles H. Keene, M.D.
Mental Health, E. P. Lewis, M.D.
Responsibility of the Nurse in School and Outside of School, Helen F. McCaffrey, R.N., and Anna L. Stanley, R.N.
Health Counseling in High School, Charlotte M. [illegible], R.N.
Relation of Board to Staff, Mrs. V. [illegible] Coons.
[illegible] and Their Making, Agnes Smith.
Physical Safety for School Children, Marion Telford.
Use of [illegible] Departments [illegible], [illegible], R.N.
The Nurse in High School, Alice G. [illegible]
[illegible]
[illegible], Mrs. [illegible], R.N.
[illegible] in Public School [illegible], [illegible] A. [illegible], R.N.

Chameleon Aspects of Discipline

ESTHER L. RICHARDS, M.D.

THE best dictionaries define the word disciple as "one who receives the teaching of another," and as "a follower." The same sources of authority define discipline as "subjection to control," "military regulation," "chastisement," "an instrument of punishment." As synonyms of discipline they give "order, strictness, coercion, punishment, organization." That the word discipline is so far removed from its original usage as the activity of a disciple is a sad commentary on the fact that teaching and learning have so long been associated with force and punishment. Discipline is ordinarily construed as the antithesis of freedom. Yet a disciple is an individual who follows a leader or a formulated system of belief not because he is forced to do so, but because the ideal appeals to him as a form of guidance and direction under which he chooses to grow and develop. I suppose one cannot better illustrate the gradual creation of this great discrepancy between the usage of these two words than by looking at the difference between the beginnings of one of the great religions of the world, and what so-called progressive civilization has converted these beginnings into. For example, from the Twelve Disciples, starting out with a few simple exhortations to preach the Gospel to all the world according to the principles of peace and good will towards men, we have developed tremendous organizations with elaborate financial backing and terrifying political power, built out of man's ingenious facility in proclaiming creed and dogma accompanied by prohibitions and punishments and the wanton shedding of blood. As a result religion has declined from the art of following to "an instrument of punishment" for failure to keep denominational and sectarian rules and regulations. Today, after some 1900 years of wrangling over sets of discipline, we are beginning to think a bit in the simple terms used by our Original Leader.

Education has the same historical record, but has moved more rapidly in its evolution. In the days of our parents and grandparents the aim of education was to make children and adolescents fit programs of district school and preparatory school and college regardless of whether the student wanted to take such work, or even whether he was mentally and physically able to do so. Today education is trying not so much to make the growing human fit a course of study as to find out what the organism is fitted for. District school has given place to graded school; vocational school, trade school, commercial course are expanding educational opportunities for adolescents; and colleges, universities, and graduate schools in their elective systems are trying more effectively to prepare individuals for life rather than for professions. In other words, the trend of our times is toward making us thoughtful rather than traditional in our thinking. Under the influence of the scientific method of approach by virtue of which theory is tested through the observation of facts, man's authority has shifted from external to internal. He has come to feel that he is his own authority for guiding and managing his life.

Now this evolution in our individual and social attitudes is a sign of wholesome growth and development, provided that we go about establishing a

sound basis for the management of this internal authority. Such a basis is dependent upon a very clear understanding of what constitutes a balance between expressing instincts, emotions, impulses, and so on, and controlling the same. Psychology has proved beyond the peradventure of a doubt that it is impossible to expect, with the Greeks, that reason will govern instincts and appetites. Human nature has never worked that way, and never will. To train a person to distinguish intellectually between a course of action that is for his good and the welfare of his fellows, and a course of action that will work otherwise is of little value unless you equip him from earliest childhood with habits of making right choices. No accumulation of arguments, however reasonable and sound, can compete with habit formation in the simple matter of managing one's temper or controlling a physical craving. Modern science, in showing us the great disproportion between reason and emotion as motivators of conduct, has left many of us puzzled about the relative amount of freedom and discipline that is good for our well-being. It is popularly understood that psychology and psychiatry teach that repressing instincts, appetites and emotions may destroy genius, deaden initiative and even produce nervous breakdowns and full-fledged mental disorders. There is no good scientific authority for any such idea. Repression is a normal psychological mechanism, but like everything else it may be mismanaged with resulting harm to individual and society. For example, a man of forty comes with the history of five years of general nervousness as expressed in poor sleep and appetite, loss of weight, weak and trembling spells, headache, feelings of pressure and constriction in the chest, unassociated with any abnormal physical findings. It is discovered that coincident with the onset of his present illness, he began to carry on an affair with his neighbor's wife. He himself is married, and has three children. Health for him lies in choosing between a continuation of his clandestine affair and repressing his desire for his neighbor's wife. In the illness of this man we see the results of mismanaged emotions and instincts. In simple words he is torn between following standards that society sets up to safeguard the welfare of the group, and following the dictates of his instincts. He lacks a balance between controlling self and expressing self. His argument is that expressing self is freedom, and controlling self, slavery.

Yet freedom is not chaos. True freedom involves the ability to make choices, not a slavery that compels one to follow the dictates of an instinct or an appetite. The distortion of discipline from the art of following to "an instrument of punishment," has been brought about through man's distrust of his natural faculties, and his preference for locating reliable faith outside of himself in tradition, custom, systems of philosophy, and religion. If now we decide to be our own source of authority we must be willing to take time and patience to train ourselves in acquiring a reasonable balance between expressing self and controlling self. The art of following or discipline, embodies the achievement of such a working balance in the management of one's life. In short, it is as true now as it ever was that one cannot eat his cake and have it too. Modern science in the training of childhood in nursery school, kindergarten, and elementary grades emphasizes the necessity of parents and teachers helping a child to make right choices.

There is a great difference between making choices for child and adolescent, and teaching him how to make his own. Parental and educational methods of the past tended to make choices for the growing organism, and forced him to follow these choices. Modern parent-teacher methods aim to start childhood early in the principles of subordinating individual urges to the desires and rights of the group, working out these matters in the concrete programs of nursery school and progressive educational classroom work. This training under guidance and direction in a wholesome preparation for life has its application throughout the entire field of education.

Nowhere is this difference between old and new methods of training capable of being better illustrated than in our training schools for nurses. Since Bellevue Hospital instituted its first training school for nurses in the Seventies, there has been a gradual tendency to expand programs of instruction to a more general cultural basis, so that they are less circumscribed in content, and less rigid in their actual working. This trend of progress has been fought conscientiously by certain members of the medical profession who felt that broadening of a training school curriculum would somehow make the graduate nurse less efficient. To the old guard of our profession the rigidities of early training were a necessary discipline, which, like a form of penance, were considered essential to the development of idealism. That view is slowly passing, and today every progressive physician wants a thoroughly trained nurse, and for her he goes to a recognized training school. Universities are encouraging nursing to take its place among other professions, offering opportunities for the hospital student to correlate her practical work with the field of education so closely allied to the science of health. It is a theme to be developed and worked upon, but in the course of its constructive progress there are several issues from the standpoint of the nurse herself that cannot be overlooked.

First: These new opportunities imply certain requisites in the nurse herself. "To whom much is given, of him shall much also be required." There are some people who definitely prefer to be backed into the shafts of the strict rules and regulations of an external authority which outlines their daily routine and relieves them of the responsibility of making decisions. Individuals so constituted have their place in life, and should not be forced to thrive on independence. A nurse with such a temperamental equipment should take her training in an institution built along the old lines of structure. Most of us, however, prefer to be independent, to own ourselves, so to speak. We resent authority and dictation. We want to think things out for ourselves and to feel we are the captains of our fate. This attitude is wholesome, provided that we are willing to take time to train ourselves properly to take on this independence. We are too apt to resent external interference because it is external, and not because we have a better plan of our own making to substitute. We yearn to attain positions of power and management, and yet rebel against the abstinence necessary to the manufacture of executive ability. No one can be a good executive who has not gone through the apprenticeship of coöperative subordination for a period of years. We learn from actual experiencing, and no accumulation of theoretical knowledge can take the place of this long and tedious process of self-education.

Second: The years of training in house and school are invaluable precursors of adaptation to any professional sphere. Every year in our own Johns Hopkins Hospital Training School for Nurses, there arise problems of discipline. Superficially, they have to do with students resenting criticism incurred for disregard of certain hospital regulations dealing with the care of the sick. The student argues that these regulations are an infringement on her personal rights as an individual. For example, here are a few concrete instances. Orders were left that Miss A should be lifted from bed to chair the first day she was allowed to sit up. The pupil nurse felt that the patient was able to take the few steps necessary in transit and made the patient take them. She fell on the floor. Now this patient was recovering from sleeping sickness and had a transient paralysis of the left side. The doctors did not want her to know that she was paralyzed and hence the order. The pupil nurse argued that she should have been told the reason, and then the order would have seemed reasonable enough for her to execute.

Again, another pupil nurse removed a nasal plug several hours after the patient returned from the operating room. The doctor had left no order for it. When criticised by a supervisor for doing so, the nurse argued that with most of the doctors such a procedure was routine, that she thought this interne had forgotten to give the order, that the patient was very uncomfortable and, as a matter of fact, no serious consequences had followed her removal of the plug. She resented the fact that she was embarking on a profession that left no room for the exercise of her own judgment.

Another pupil nurse resented having to hand in a personality study required of her class as part of their contribution to a course in psychology given prior to beginning senior work in psychopathology. She argued that she had taught school for five years prior to entering training, that she had had a course in psychology in state normal school, that she was thirty years old, and felt that age entitled her to use her discretion in fulfilling an assignment in "graduate school."

In these three students we have an attitude indicative of profound lack of self-training. Freedom to them meant release from external authority, not ability to conform to the group requirements made supposedly for the welfare of sick people. The prime object of their concern all through life had been consideration for themselves, and why should they begin to alter this view in training school? It is the same attitude one finds in students graduating from law school who enter a firm and resent having to look up titles and do other office routine which they consider a waste of their time. Their theoretical background, they argue, entitles them to enter at once upon the interesting and dramatic aspects of the practice of law. Behind all this is the desire to escape the slavery of routine, and the fallacious belief that at the top of the ladder lies freedom. The freedom of business, professional, and social success consists in the attainment of that degree of self-training which enables a man or a woman to convert his arsenals of routine and drudgery into the playgrounds and proving fields of opportunity to make a job well done.

Our training schools for nurses are passing through a critical period in their history when they must demonstrate that new methods of education will produce women better able to care for the sick. In our background

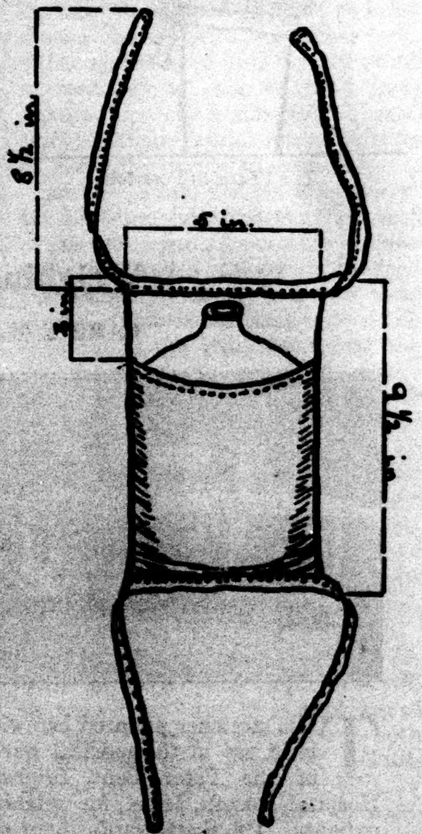
in a continuity of professional forbears who, under the rigors of former methods of training, developed not only technic but degrees of altruistic idealism that have written remarkable chapters in the history of human service. Each generation must undergo educational and spiritual baptism in its own tongue, but the language of human needs remains the same. It cries out for individual independence, but an independence which must ever function in accord with the welfare of the group. Nurse and doctor are members of professions in which they elect to follow ideals of service that demand a maximum amount of self-training to achieve balance between expressing self and controlling self. We call this training discipline. Without its beneficent influence on our habit life the accumulation of academic knowledge is empty and meaningless.

Urinary Drainage Bottle for Ambulatory Patients

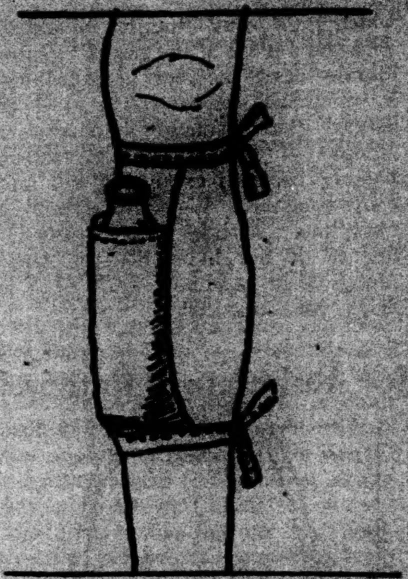
THE nurse taking care of patients who have had prostatectomy or other operations involving supra-pubic cystotomy encounters a number of special nursing problems. So long as her patient remains a bed patient urinary drainage scarcely presents a difficulty. But when these men are up and about for days or weeks before the retention catheter can be removed, considerable ingenuity is required to devise means whereby the patient may enjoy a fair degree of activity and freedom from embarrassment while at the same time urinary drainage is not interfered with.

A nurse at the Presbyterian Hospital, Chicago, experimenting a little, invented the "flask pocket" shown at the right. The back is made of two thicknesses of muslin 9½ by 5 inches. The pocket is a single thickness of muslin 6½ by 5½ inches. The ¾ inch binding at top and bottom is of muslin and is extended 8½ inches beyond the edges of the pocket to make ties. A half-pint flask fits into the pocket and receives the drainage from the retention catheter.

When in use the flask pocket is tied just below the knee, in such a way that the flask is against the inner aspect of the leg. The end of the



Flask and Pocket



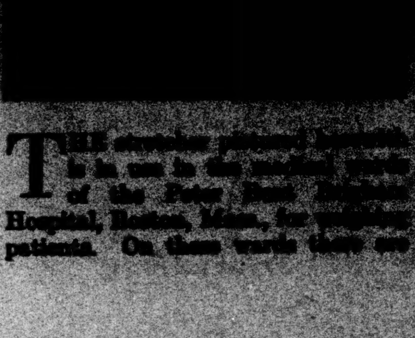
The Flask in Position

catheter will usually reach well within the flask, and with the flask in the position described there is little danger that the catheter will kink or be bent as the patient bends his knee in walking or sitting. This is of great importance since drainage is seriously interfered with when the catheter becomes kinked.

A flask is used because it is flat enough not to interfere with the patient's walking or to be particularly noticeable through his trouser leg. He can, in fact, go about dressed in his accustomed clothing, which is very good for his morale, and he is spared the embarrassment of having the drainage bottle always visible. One patient by using a slightly larger flask was able to go to the theatre safely. The flasks are sterilized and the pockets changed daily.

A Weighing Stretcher

CARRIE M. HALL, R.N.



THE stretcher pictured herewith is in use in the medical wards of the Peter Bent Brigham Hospital, Boston, Mass., for weighing patients. On these wards there are very heavy scales with stationary platforms, since our chief physician believes that when scales on wheels are moved from bed to bed they quickly become inaccurate. The patient is wheeled to the scales on this stretcher, and when it is placed over the platform of the scales it is lifted free of the floor. The known weight of the stretcher is deducted from the weight of the stretcher and the patient. The stretcher was made in the hospital shops as follows:

"Frame made of [illegible] spruce, 72" long, [illegible] high, [illegible] wide; top rails extending [illegible] at each end for handles. Two stationary and two swivel plate casters with [illegible] rubber tired wheels.

On Setting Our House in Order

ONCE upon a time a small girl was learning to knit and as she worked happily on toward the lovely red stripe in which the scarf ended, she suddenly saw that the ball of yarn had gotten very small. "Oh," said she, "I must work very fast so as to finish before my yarn gives out!"

She wasn't very old you see and had not learned that a scarf of certain length and width requires a definitely prescribed quantity of yarn; and also that no amount of extra speed will make less than enough material stretch farther than it was intended to go. The story doesn't say, but no doubt her mother, who was teaching her, had reserves of wool tucked away in a bag somewhere. We are sure that she knew just how much her small daughter would require.

The point is that back in the early days of the campaign for funds for grading schools of nursing the Nurses' Committee for Financing the Grading Plan estimated that $110,000 would be needed for carrying on the five-year program and, as a result of the appeals which were sent out to some seventy thousand nurses and to sixteen hundred nursing organizations, by August 5, 1930, $90,863.53 had been given or pledged for the purpose. This really is an enormous sum of money. It is a very great credit to the nurses who individually and in groups denied themselves that the work might go on. But even if the Grading Committee increased the speed of its operations tenfold it could not quite accomplish, with $90,863.53, work which was planned for $110,000. When $90,000 is compared with $110,000 (Fig. 1) it is seen that about $20,000 more must be found if the Grading Committee is to continue to the end of its program in December, 1931, fifteen months away.

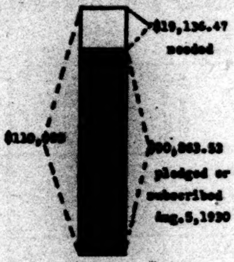


FIGURE I

Now is the time when we must look to our reserve supplies. Many of the states have done nobly with their quotas. In certain outstanding cases quotas have been oversubscribed. Other states have only a very small amount left to raise to meet their quotas. A few states—about one-third of them—still have more than 50% of their quotas to subscribe.

At the Milwaukee Biennial one of the most impressive meetings was that at which delegates from some of these states rose unhesitatingly and pledged their associations to complete their quotas. The enthusiasm with which they made the pledges showed the confidence which each had in her constituency. Don't let us break faith with those delegates!

Table I shows the amount given by each state and the sources of the gifts. Table II shows the quota for each state, how much that state has given, and how much remains to be subscribed. Figure 2 on page 1162 shows the standing of your state as compared with all the others.

The benefits resulting from the work of the Grading Committee will be shared not only by all schools of nursing, but by all nurses as well, both as alumnae of a school of nursing and as private duty, public health, or institutional nurses. For instance, one of the early findings of the Grading Committee was the fact that there is

TABLE I—NURSES' COMMITTEE FOR FINANCING GRADING PLAN

Cash Contributions and Pledges from Individual Nurses and Nursing Organizations by States to August 5, 1930

States	1930 Membership State Nurses' Assns.	Individual Nurses	State Nurses' Assns. No.	State Nurses' Assns. Con. & Pldg.	Dist. Assns. No.	Dist. Assns. Con. & Pldg.	Alumnae Assns. No.	Alumnae Assns. Con. & Pldg.	State Leagues No.	State Leagues Con. & Pldg.	Local Leagues No.	Local Leagues Con. & Pldg.	State Public Health Nurs. Assns. No.	State Public Health Nurs. Assns. Con. & Pldg.	Visiting Nurse Assns. No.	Visiting Nurse Assns. Con. & Pldg.	Misc. Assns.	Totals
*Alabama	[illegible]	[illegible]	1	$471.31	3	$161.50	4	$205.00										[illegible]
[illegible]	[illegible]	12.00			1	10.00												[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	40.00							1	[illegible]				[illegible]
*California	[illegible]	[illegible]	1	[illegible].72	15	544.00	17	545.00	1	$375.00			1	25.00				[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]			8	[illegible]	1	50.00	1	$5.00						[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]			10	[illegible]									Student Gov. Assn. $5.00	[illegible]
*[illegible]	[illegible]	17.00	1	[illegible]			1	[illegible]										[illegible]
*District of Columbia	[illegible]	111.00	1	[illegible]			3	345.00	1	50.00								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	75.00	1	10.00										[illegible]
[illegible]	1,[illegible]	[illegible]	1	[illegible]	6	470.00	14	315.50	1	[illegible]								[illegible]
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[illegible]	[illegible]	[illegible]	1	[illegible].17	10	170.00	25	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	2	225.00	9	[illegible]	1	100.00								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	11	[illegible]	25	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	5	[illegible]	4	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]					2	[illegible]	1	[illegible]			1	10.00				[illegible]
[illegible]	1,[illegible]	[illegible]	1	[illegible]	6	[illegible]	6	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]			1	[illegible]	3	[illegible]										[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]			5	[illegible]					1	25.00				[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	9	[illegible]	44	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	9	[illegible]	16	[illegible]	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	[illegible]	22	[illegible]	1	[illegible]			1	50.00				[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	5	[illegible]	4	94.00	1	100.00	2	100.00						[illegible]
[illegible]	[illegible]	[illegible]			5	[illegible]												[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	[illegible]	3	25.00	1	75.00	1	30.00						[illegible]
[illegible]	[illegible]	[illegible]																[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]			4	25.00										[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	4	400.00	11	440.00	1	100.00								[illegible]
[illegible]	[illegible]	[illegible]																[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	12	[illegible]	42	[illegible]	1	[illegible]	2	200.00			1	$10.00		[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	7	[illegible]	4	140.00	1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]					1	[illegible]								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	7	[illegible]	31	745.00							2	25.00		[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	1	[illegible]			1	75.00								[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	[illegible]	2	45.00	1	[illegible]			1	25.00				[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	[illegible]	44	[illegible].21	1	[illegible]	1	50.00						[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]			7	[illegible]	1	[illegible]			1	125.00				[illegible]
[illegible]	[illegible]	[illegible]			5	100.00												[illegible]
[illegible]	[illegible]	[illegible]			1	25.00	1	5.00										[illegible]
[illegible]	[illegible]	[illegible]	1	[illegible]	3	315.00	2	125.00										1,277.00
[illegible]	[illegible]	[illegible]	1	[illegible]	6	155.00	3	[illegible]	1	75.00								2,347.41
[illegible]	[illegible]	[illegible]	1	[illegible]			2	85.00										[illegible]
[illegible]	[illegible]	[illegible]	1	157.00			1	5.00										[illegible]
[illegible]	[illegible]	[illegible]					4	120.00									Va. State Exam. Bd. $[illegible].00	[illegible]
[illegible]	1,[illegible]	167.00	1	125.00	9	224.00	3	[illegible]	1	[illegible]								571.00
[illegible]	[illegible]	41.00	1	125.00			1	10.00										176.00
[illegible]	1,[illegible]	175.00			15	[illegible]	14	[illegible]	1	[illegible]	1	145.00	1	10.00				[illegible]
[illegible]	[illegible]	12.00	1	[illegible]	1	25.00												[illegible]
[illegible]																	100.00	[illegible]
[illegible]		.10															5.00	5.10
[illegible]		57.00																57.00
Grand totals	78,249	$7,421.05	40	$12,417.02	177	$13,667.55	384	$21,606.91	26	$4,141.00	8	$690.00	8	$275.00	4	$35.00	4 $610.00	**$90,863.53

* States which have pledged their quotas in full.

** Total cash receipts to August 5, 1930 . . . . . . [illegible]
Outstanding in Pledges . . . . . . [illegible]

TABLE II—HOW STATES HAVE MET THEIR QUOTAS FOR FINANCING THE GRADING PLAN TO AUGUST 5, 1930

States	Quota of $116,689 on Basis of 1928 A. N. A. membership	Total Cash Receipts and Pledges to August 5, 1930	Remaining to be Pledged or Paid
*Alabama	$756.31	$826.31	......
Arizona	213.56	23.00	$195.56
*Arkansas	623.95	623.95	......
*California	3,302.13	3,302.13	......
Colorado	1,069.21	537.10	532.11
Connecticut	2,924.61	478.00	2,446.61
*Delaware	225.86	225.86	......
*District of Columbia	1,219.22	1,229.22	......
Florida	1,462.56	170.00	1,292.56
Georgia	1,234.31	1,143.50	90.81
Idaho	132.06	37.00	95.06
*Illinois	7,542.67	8,021.67	......
*Indiana	1,926.10	2,002.14	......
*Iowa	2,526.80	[illegible]	......
Kansas	1,171.42	809.00	362.42
Kentucky	877.38	161.00	716.38
Louisiana	1,592.81	1,370.10	222.71
Maine	757.88	188.00	569.88
Maryland	2,481.20	1,613.75	867.45
*Massachusetts	6,280.60	6,585.70	......
*Michigan	4,498.00	4,400.00	......
*Minnesota	3,789.42	3,949.12	......
*Mississippi	355.36	355.36	......
Missouri	3,129.02	1,326.00	1,803.02
Montana	258.88	123.00	135.88
Nebraska	1,256.33	975.10	281.23
Nevada	47.17	3.00	44.17
*New Hampshire	619.51	619.51	......
New Jersey	3,188.77	2,688.00	500.77
New Mexico	114.78	85.00	29.78
New York	15,354.21	13,710.05	1,644.16
*North Carolina	1,220.16	1,287.12	......
North Dakota	290.90	165.00	125.90
Ohio	6,715.60	3,285.70	3,429.90
Oklahoma	686.56	247.00	439.56
Oregon	1,036.19	556.20	479.99
Pennsylvania	11,750.34	8,920.81	2,829.53
*Rhode Island	1,084.65	1,488.00	......
South Carolina	451.27	137.00	314.27
South Dakota	224.85	50.00	174.85
*Tennessee	1,365.76	1,377.60	......
*Texas	3,061.41	3,147.41	......
*Utah	312.90	312.90	......
Vermont	402.53	173.00	229.53
Virginia	1,116.38	719.00	397.38
Washington	1,790.36	671.00	1,119.36
West Virginia	636.81	176.00	460.81
*Wisconsin	1,833.30	2,274.00	......
*Wyoming	66.04	66.04	......

* States which have pledged their quotas in full

an overproduction of nurses. As a result of these findings we are beginning to hear that certain schools are reducing the numbers of students admitted each year; that other schools, realizing how little they have to offer educationally, have been discontinued; that still others are adding to their graduate nurse staffs, improving class room and ward teaching, and reducing the hours of duty for students.

And the benefits? Well, reducing the number of students admitted will ultimately reduce the number of graduate nurses, which will in turn reduce the tremendous competition now threatening the bank accounts of a good many private duty nurses. Furthermore, hospital patients have to be nursed, whether school keeps or not, and closing a school or reducing the number of students means opening up another field of nursing and the employment of more graduate nurses for general duty. Again, reducing the number of students means their more careful selection so that in time the highly qualified nurse in any field

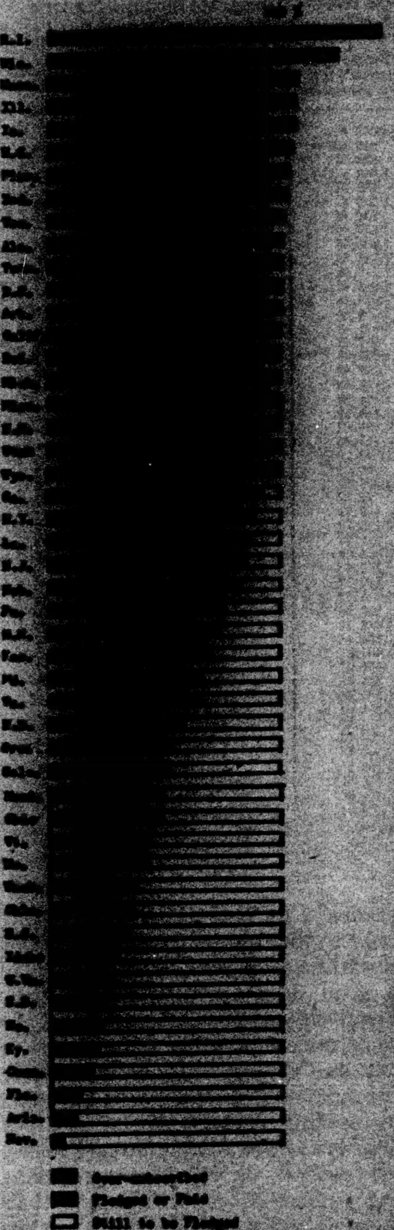


FIGURE II

will not have to compete so unfairly with the poorly prepared nurse.

Already the first sets of the grading reports have been received by schools of nursing. Directors of nursing, superintendents of hospitals, and hospital trustees are commenting:

"It was a stupendous undertaking but I believe it will redound to the betterment of our nursing system."

"I think the grading is a splendid step and feel that it will have a stimulating effect on the entire profession as well as aid in the relief of unemployment and better distribution."

After all, grading is a job which the nursing profession as a whole has undertaken for its own improvement. Belonging to any profession is a luxury like owning a house with a little yard around it. We have to keep up repairs on the house,—a new roof once in a while, painting every two years, get down on our knees to weed the garden or plant a few more bulbs. Perhaps some of us are getting older, won't live to wear out the new roof; may not see the silvery Madonna lilies and blue delphiniums in the dusk of a July evening. But if we have kept the place decently in order at least the new generation won't have to start out handicapped by a leaky roof and a garden full of quack grass and cut-worms.

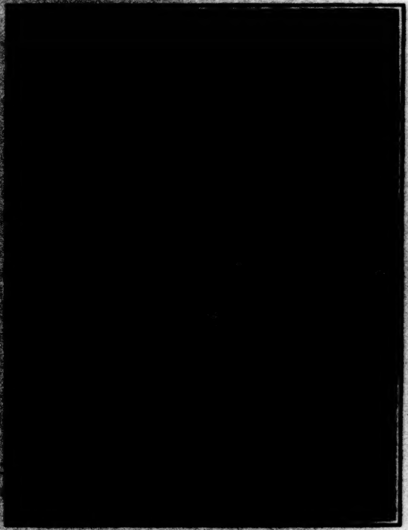
Grading is one of the ways the nursing profession has chosen to set its house in order. Of course it costs money; all repairs do. Alumnae, district, and state associations are beginning to make their fall and winter programs now. Why not make the financing of grading the aim of one of the early meetings, so that by December of this year we shall have raised that other [illegible] which is needed to assure the completion of the Grading Committee's program?

Some Specialists

Agatha C. Hodgins, R.N.

IT sometimes seems that the age of the pioneer is past; but Agatha C. Hodgins has not only been a pioneer in the difficult and scientifically exacting field of anesthesia, she has also developed a new field for the graduate nurse who is willing to prepare herself for it.

A graduate of the Boston City Hospital and Boston Lying-in Hospital, Miss Hodgins was placed in charge of anesthesia on Dr. Crile's private ward service at Lakeside Hospital, Cleveland, Ohio, in 1909; later, when Dr. Crile became chief surgeon of that hospital, her work was extended to include all anesthesia service in the hospital. Lakeside was the first hospital in the world to perfect a plant to manufacture pure nitrous oxide gas, and its surgical clinic was among the first to demonstrate not only the fact that gas anesthesia could be given without cyanosis, but that the technic of administration could be so developed as to make possible and practical zones of anesthesia ranging from analgesia to deeper anesthesia. This absorbing work offered to Miss Hodgins full scope for the exercise of her ability as a skilful anesthetist, and was the background for the later development of her work as a teacher with a leader of unusual courage, ingenuity, and force, with undaunted faith in the ability of the educated nurse to meet the grave responsibility of this highly exacting and specialized field.



Agatha C. Hodgins, R.N.

As early as 1912 a few nurses were admitted for instruction in gas anesthesia, and from this small beginning sprang the present Postgraduate School of Anesthesia. The war, coming early in 1914, interrupted plans for the future development of the school, since the first surgical unit for service in France, known as the Western Reserve University Unit, was organized and sailed for France in December of that year, Miss Hodgins accompanying it as chief anesthetist. This unit, delegated to service in the American Ambulance at Neuilly, France, was the first to introduce the use of nitrous-oxide anesthesia for war

surgery. Miss Hodgins, remaining on as anesthetist to the French Surgical Service, had the opportunity of demonstrating to an entirely new group the use of gas anesthesia as a protection against shock, and its particular usefulness in the case of gassed men, to whom the inhalation of ether was intolerably difficult.

Returning to America in 1915, Miss Hodgins found that the work of standardizing the postgraduate School of Anesthesia, putting it on a definite educational basis and outlining a course of study, an exacting and absorbing task. This was the first postgraduate school organized on this basis. Miss Hodgins, appointed director of the school, retained charge of the department of anesthesia.

America entered the war in 1917, and Lakeside Hospital Unit left for France in that same year. Nitrous-oxide anesthesia having been accepted by the United States Army for use abroad, it was imperative to train a sufficient number of anesthetists for the work, and in addition to send over with the unit as many anesthetists as could be spared from the Lakeside staff. These facts necessitated Miss Hodgins remaining in charge of Lakeside. It has been a matter of great pride to her that it was the work of the graduates of Lakeside Postgraduate School of Anesthesia, attached to the unit, that later had much to do with the request (made through Major Crile) for a unit of twenty anesthetists to teach anesthesia in the English Army. The little school was beginning to show results. Another contribution to England came years later when a graduate of the school, first successfully introduced gas anesthesia in India at the Miraj Hospital.

At the end of June, 1930, the school had over 500 graduates who had come from all over the country and after graduation were filling, in many instances, most important positions. This extraordinary educational achievement in so comparatively short a time has been carried on in addition to the constant demands of the large and active surgical clinics of Lakeside Hospital of Western Reserve University.

At the special request of the editor, Miss Hodgins contributed a section on nitrous-oxide-oxygen anesthesia to the *Oxford Surgery*. Later she was asked by one of the leading publishing companies to consider compiling her notes on anesthesia, collected for teaching purposes, for publication in the form of a textbook. Lakeside Hospital has allowed her notes to be multigraphed for the exclusive use of students of the School of Anesthesia, whose hope it is that Miss Hodgins will eventually put them together into the form of a textbook.

An extract from the history of the school, written only for future reference, expresses, we think, Miss Hodgins own viewpoint:

> It is my own overwhelming conviction of the great importance of good anesthesia in the safeguarding of human life, not only in the protection from possible death but in the care and relief of the natural mental distress so often evident in patients having to undergo the ordeal of an operation [illegible] to humanity.

Editorials

Miss Carr Retires

EVER a seeker of new experience, of new ideas, of new knowledge, retirement from active practice will permit Miss Carr to enjoy to the utmost the subtle flavor of the Old World which she knows so well and which she plans to revisit. One of the lovely hermit thrushes of the profession, Miss Carr has avoided the limelight of spectacular positions. Nurses who sat in her classes long years ago, before the then new field of public health nursing had set fire to her imagination, tell of the high quality of her teaching. The earlier literature of the profession gives eloquent testimony to the penetrating intelligence that sought and followed the new paths which are highways now.

Smilingly, with the gay chuckle that is an engaging characteristic, she would disavow ever "influencing" anybody and yet few have so successfully opened the doors of the spirit for younger women. Never ponderous, never preachy, with earnestness overlaid with delightful whimsy, she has urged those who sought her counsel—and they were many—to avoid the ruts and to seek romance in nursing.

Ranging far in her reading and thinking, she writes with a facile touch. Gifted with rare and cultivated discrimination, she not only made the *Public Health Nurse* a "quality" magazine, she encouraged a whole school of younger women to express themselves in word as well as action.

"This is such an interesting time in nursing," she wistfully says and follows up with "but some of you *must* become historically-minded and learn to respect and preserve the precious records of the profession."

Revealing, that! One senses that it has *all* been interesting. Happily, there is more to come, for Miss Carr has friends the world around who are biding their time till she shall come to see—and enjoy—their best achievements.

"What We Need Is Education—and a Committee"

TEN years ago, when National Headquarters was established, it was felt that a central office was needed for many things. Of first importance at that time was a nation-wide campaign for recruiting student nurses. The committee carefully and thoughtfully stated that the campaign should be "not only for the purpose of securing students, but for making better known the proper standards of nursing education and for enlisting the support of the public in maintaining them."

One third of that program was abundantly successful. Schools were filled with students. New schools were opened and they too were filled with students. As a result, one of the first studies of the Grading Committee showed that we had too many nurses who were not of professional quality and that they were causing an extremely serious problem of unemployment within the profession.

It requires no great acumen to understand this situation. Recruiting

went on apace because the pressing need of hospitals for nursing service was back of the campaign. Superintendents of nursing, in many instances, were and are much more sensitive to the immediate needs of the institution which they serve than to the professional import of their action when they admit students who may be safe under supervision, but who are dangerous or inadequate when graduated and "on their own."

The findings of the Grading Committee and the tragic dilemma of the unemployed cannot be ignored. It is imperatively urgent that the second and the third objectives of that program be made an integral part of our professional thinking in order that a serious social and professional evil may be checked. Proper standards of nursing education cannot be maintained unless nurses are themselves informed as to those standards. Directors of schools of nursing and state boards of nurse examiners have a very serious responsibility in this matter. Standards vary widely in various parts of the country. Nurses suffer unnecessarily in moving from state to state because of legislative conflicts and also because of varying interpretations of educational standards. Why should this be when we have certain very generally accepted principles for guidance? It is many years since the National League of Nursing Education published the first *Standard Curriculum*, which it has revised at intervals. How many boards of schools of nursing are conscientiously using the principles clearly stated in the Introduction as a guide in building up their schools? How many are carefully interpreting those standards to training school committees, to boards of directors, to medical staffs, and to the public?

The third clause of that portion of the committee's report which we have quoted probably is more nearly a national problem than the one just cited. In our national magazine reminders of the importance of proper financial support for schools of nursing have been varied and frequent. Miss Nutting's classic, *A Sound Economic Basis for Schools of Nursing*, was put into book form and made available through the National League of Nursing Education office. *Nursing and Nursing Education in the United States*, Miss Goldmark's brilliant study made under the direction of the Winslow Committee through the generosity of the Rockefeller Foundation, contains a lucid analysis of nursing schools and nursing services. To be sure Miss Goodrich's brilliant crusading in the field of nursing education culminated in the endowment of the Yale School of Nursing. Mrs. Bolton, wonderfully blessed with both riches and understanding, endowed the Western Reserve University School of Nursing. A few studies of costs have been made, a few sturdy efforts toward securing endowments have been launched, but in the main the public is still unaware of its responsibility.

Now comes Miss Goodrich's ringing challenge at Milwaukee—"What we need is education and a committee"—a committee in every community to study the whole nursing need of the community and the means of meeting that need. How shall this be accomplished? Nurses cannot do it alone, but it is very clear that it cannot be done at all unless nurses bring their own professional knowledge to the consideration when such plans are proposed. Nurses themselves need to be educated before they can educate the public.

Standards in nursing education are basic to all else. Now, at the beginning of the school year, is a good time to

read Miss Goodrich's challenging discussion of Dr. Burgess' paper on the Distribution of Nursing Service which we have called "A New Epoch in Nursing." It is a good time to re-read the Introduction to the *Standard Curriculum*. It is a good time to re-read *A Sound Economic Basis for Schools of Nursing*. It is a good time to re-read *Nursing and Nursing Education in the United States*. It is a good time to re-read the red book, *Nurses, Patients and Pocketbooks*. Armed with the ideas there presented, re-fortified by the spirit of the great women who wrote them, strengthened by a better community understanding, we should be in a position to build so substantially in the next ten years as to overcome the disastrous handicap of faulty thinking that leads to the acceptance of poorly selected students for schools of nursing in order to meet an immediate need.

Constructive Criticism

IN Miss Melk's "Friendly Comparison" one notes the enthusiasm with which she adopted some of the ideas gathered in this country when she returned to her homeland. In her letter of transmittal, Miss Melk wrote of her great debt to hospitable American nurses and said that she was fulfilling an obligation by sending the article. She further said, "I do hope I have found the right tune for I should be so very sorry if anyone was grieved by what I have written."

There can be no offense at a friendly effort to advance the quality of nursing service and that is exactly what Miss Melk has attempted to do. What she could not see, since it was her first visit to our schools, is the steady and persistent effort being made to overcome the very difficulty of which she writes. Probably no one knows the number of graduate floor duty nurses now being employed in hospitals having schools of nursing, but certain it is that the number is rapidly increasing and a serious effort is being made to provide a substantial background of continuous care of patients.

BUT *what is professional education? The answer is that professional education as conceived today is not an initiation or introduction into some esoteric order. The professional worker claims no mystic gift or mysterious skill that sets him apart from his fellows. What he has can be acquired by anyone with the requisite intellectual ability who will follow the orderly progression prescribed for learners in his profession. All that the novice needs in his preparation is already in the possession of some master, or can be found in print. It is the business of the professional school to help him on the way that the masters have trod, to give him as much of the masters' knowledge as he can learn in the time at his disposal, to imbue him with their ideals, to put him in the way of acquiring their skill, and, if possible, to make him self-reliant in coping with new conditions and self-directive in the advancement of his profession. In other words, the professional school is a short cut by an excursion taken under guides who know where they are going and how to avoid the pitfalls that beset the path of the lone traveller.*—From the Report of the Dean of Teachers College, June 30, 1927.

Our Contributors

Dr. Garnett Cheney (Harvard Medical School) is Clinical Instructor in Medicine at the Stanford University Medical School.

Verna E. Johnson, R.N., graduate of the University of Colorado School of Nursing, is Supervisor of the Medical Wards of the Stanford University Hospitals, San Francisco, California.

Frank and friendly, Heleen A. Melk, R.N., is Instructor in the School of Nursing at the great Municipal Hospital, The Hague, Holland.

Dean Annie W. Goodrich, Yale School of Nursing, apostle of progress, in "A New Epoch in Nursing," shows a way to improve service.

Wilhelmina A. Carver, R.N., writes from first-hand knowledge. She is a well known industrial nurse, employed by the American Pulley Company of Philadelphia.

Although Mary E. O'Neill, R.N., has had as three years of her work, a little school nursing and a little institutional work, she is really a private duty nurse who is cheerfully working toward a Bachelor of Arts degree and, we suspect, illumining the way of her patients as she studies.

Jean Broadhurst, Ph.D., is called friend by every nurse who ever studied Bacteriology at Teachers College, and is, in truth, by the quality of her teaching, a friend to the whole nursing profession and to our patients.

Many a teacher will welcome the practical article by Carrie A. Benham, R.N., A.B., of the faculty of the Washington University School of Nursing, St. Louis, Mo.

Myrtle E. Rix, R.N., graduate of the Boston City Hospital School of Nursing, is Supervisor of Nurses in the Outpatient Department of that great hospital.

Nellie Smallwood, R.N. (City Hospital School of Nursing, Martinsburg, West Virginia) "is happier doing private duty than anything else, due to the opportunities for direct contact with patients." She has had prolonged courses in Communicable Disease Nursing and in Laboratory and X-ray Technic.

Clara D. Noyes' notes on the Florence Nightingale Medal were prepared at the request of some of our subscribers.

Frances Peterson, R.N., as her suggestive paper indicates, wrote out of long experience in her chosen field of Office Nursing.

Esther L. Richards, M.D., Associate Professor of Psychiatry, Johns Hopkins University, with her generous understanding of the human mind, has helped to expand our thinking on the difficult subject of "Discipline."

Claribel A. Wheeler, R.N., is the exceedingly able Director of the Washington University School of Nursing, St. Louis, Mo.

Roy Sorenson is Regional Executive of the Boys' Work of the Y. M. C. A., Chicago. Probably few organizations are more expertly familiar with the "Conference Method" than the "Y."

WHEN you work you are a flute through whose heart the whispering of the hours turns to music.

Which of you would be a reed, dumb and silent, when all else sings together in unison?

Always you have been told that work is a curse and labour a misfortune. But I say to you that when you work you fulfill a part of earth's furthest dream, assigned to you when that dream was born, and in keeping yourself with labour, you are in truth loving life, and to love life through labour is to be intimate with life's inmost secret.

But if you in your pain call birth an affliction and the support of the flesh a curse written upon your brow, then I answer that naught but the sweat of your brow shall wash away that which is written.

You have been told also that life is darkness, and in your weariness you echo what was said by the weary, and I say that life is indeed darkness save when there is urge, and all urge is blind save when there is knowledge, and all knowledge is vain save when there is work, and all work is empty save when there is love; and when you work with love you bind yourself to yourself, and to one another, and to God.—From "The Prophet," by Kahlil Gibran.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

The Selection of Students for Schools of Nursing and Problems of Adjustment[1]

CLARIBEL A. WHEELER, R.N.

THE question of admission of students to our schools of nursing presents a problem which commands the attention of every thinking person responsible for the selection of such candidates. Secondary to this, and of almost equal importance, is the problem of assisting these students after entrance to adapt themselves to the unusual environment into which they have come.

The applicants must have had sufficient educational background and native intelligence to enable them to pursue the course to the greatest advantage; they must possess those innate personal qualities which shall render them adaptable and acceptable in their profession. In addition, they must be imbued with a steadfast purpose in entering the vocation of nursing.

I am convinced, from the statistics which have been made available to me from state boards of nurse examiners, and from some of our most representative schools, that the selection of candidates for the nursing course is not receiving the attention which it deserves. We are admitting to our schools hundreds of young women who are personally unqualified for nursing, many of whom never complete the course. The Grading Committee has pointed out to us the peril which now confronts us—that of oversupply. It has also given as the first answer to this question: more careful selection of applicants. Is it not more or less true that hospitals have brought so much pressure upon schools to supply them with an adequate number of students to care for the patients, that the heads of such schools have been compelled to take in nearly all those who have applied at their doors? The result of such a system is very wasteful and extravagant. E. Everett Cortright in his enlightening article in the May *Journal* recognized this when he said: "Nursing education costs somebody something." He was also right when he concluded that this "somebody" is the patient in the hospital.

Educational Background of Students

THE Grading Committee has made public the educational background of 63,000 students as found in our schools of nursing a year ago. This report is significant in several ways. It shows how many schools are just meeting the minimum legal requirement, and it demonstrates how short we have fallen from our ideal of a

[1] Read at a General Session of the National League of Nursing Education, Milwaukee, June 11, 1930.

four-year high school entrance requirement. A surprising fact is revealed when it is found that some of the states with a four-year high school requirement do not rank at the head of the list which has been compiled by the Grading Committee. On the other hand, some of those with a low requirement stand at the top. It is encouraging, however, to see how far some of our states have progressed, and we may be justly proud of their record.

Although I sent questionnaires to all the states, only ten could furnish me with the statistics which I desired. The study which I have made of these ten states shows that there has been a steady increase in the number of high school graduates entering schools of nursing. Since 1925, over a period of five years, there has been an increase of 155 per cent in the number of high school graduates entered. This is, without doubt, encouraging. Yet if schools of nursing are to attain the status of other educational institutions, obviously one of the first steps is to make the minimum entrance requirement at least a high school education in every registered school, and to live up to it once it is made.

In case we are able to effect a four-year entrance requirement in all states, in the near future, it will not solve the whole problem; there are high schools and high schools. There is considerable difference between a high school graduate who ranks in the upper third of her class in a city school and a graduate of the upper third of a second rate rural high school. A graduate of the latter may lack the power of concentration, and the ability to study intelligently. The students who have taken domestic science courses, or courses in commercial subjects do not come with the same background as those who have had the regular academic course. Such students do not have an equal chance with their more fortunate sisters. The school is also confronted with the problem of teaching these students how to study, and they often require extra help in class work. It is difficult for them to keep up with daily assignments; the result is they are usually dropped in the middle, or at the end of the first term. Such students may rank normal in an intelligence test. The trouble lies in faulty teaching and lack of application on the part of the student.

What Is the Cultural Background of Our Students?

A FACTOR which should be taken into consideration is the social class from which our students come. I have found no statistics in regard to such data concerning our schools of nursing. We often hear, however, that the strong wholesome country girl is the one who makes the best nurse. This is mere supposition. Here again, I do not believe we have sufficiently studied the matter. Intelligence tests given in the United States army in 1917 showed that there was a definite relationship between types of occupation and intelligence. Men in occupations classed as unskilled manual work were found to rate decidedly lower than those in the learned professions. The relationship between parental occupations and intelligence of offspring has been demonstrated in such experiments as those made with school children in Madison, Wisconsin, and in the survey in Northumberland, England. It was found that the I. Q. of children of professional men was much higher than the I. Q. of unskilled laborers. There was, nevertheless, some overlapping in each group. This fact should be taken into consideration in the study of a problem such as ours.

Intelligence Tests

PSYCHOLOGISTS are coming to believe that one of the most valuable instruments of guidance that has yet been devised is the mental test. Since the French psychologist, Alfred Binet, was able, in 1904, to separate intelligently incompetent children from those who were normal or above, great progress has been made in mental testing. It has been definitely proven that many students who enter high school do not possess the intelligence to do work of high school rank.

Two years ago, Marian Faber and Louise Metcalfe gave to the League the results of a study in mental testing in schools of nursing. Their conclusions showed that intelligence tests, properly administered, were invaluable in determining a student's native mental capacity, and were, therefore, useful in the selection of students and in determining whether poor scholarship is due to lack of intelligence, lack of application, or lack of interest. Not infrequently one discovers that students are doing work far below their mental capacity for such scope of effort. On the other hand, certain students by hard work and power of concentration do surprisingly well in relation to their capacity. Although the correlation between nursing practice and intelligence ratings is not satisfying, there seems to be a definite tendency to indicate that the better student in practice is the one who stands high in the scale of intelligence.

There seems to be an inclination among certain high school teachers and vocational guidance people to feel that the girls who are not particularly bright in high school, or the ones whom they would not recommend for college entrance, may do for the nursing course. This is an erroneous opinion, and most unfortunate. Without doubt, the fault is our own; we have not made the matter clear to high school officials. It would seem wise to establish a practice requiring students entering schools of nursing to possess the same degree of intelligence as those entering collegiate education.

There are other determinants of vocational choice besides intelligence tests which must be equally stressed, and which I shall mention later.

Students Who Resign or Are Dismissed

I HAVE made an endeavor to study the admission of students to our schools in relation to the number graduated. In order to do this, I have taken the ten states which are fairly typical, as they include all sections of the country, and represent states which have both large and small enrollments. In fact, some of the smaller states are keeping the best statistical records. In addition, I have studied sixteen representative schools. As the number of students admitted is not the same in each year, and I could secure only the number of those admitted and graduated, the figures give only a general picture; yet they seem sufficient to show what is happening.

The majority of students who drop out of the course do so in the first year, many of them during the preliminary term, although the process of elimination continues throughout the course. In the ten states studied, the number of students who had resigned or were dismissed varied from 21 per cent to 60 per cent with an average of 46 per cent. In the individual schools, there was a loss of from 12 per cent to 60 per cent with an average of 44 per cent.

	States Per Cent	Schools Per Cent
Graduates	54	56
Resigned and dropped	46	44
Of these resigned and dropped:		
Resigned	64	44
Dropped	36	56

In the Washington University School of Nursing, where we could definitely trace through each class from the time of entrance until graduation, the figures are as follows:

Students admitted (1923–27)	298
Graduated	178—60 per cent
Resigned	79—27 per cent
Dropped	36—13 per cent

The entrance requirement to this school is a four-year high school course acceptable for matriculation in the university. All individual schools studied had a high school entrance requirement, but this was not true of any of the states studied.

Reasons for resignation are varied. The most usual ones being dislike of the work, unfitness for the work, inability to carry theory, illness, marriage, homesickness, unfavorable home conditions, infringement of rules, undesirability, transfer, and death.

New York State, which has a large number of schools, and consequently a large number of students, has kept such excellent statistical records that I am able to give you the following analysis for the period 1924–28 inclusive:

REASONS FOR STUDENTS LEAVING SCHOOLS IN NEW YORK STATE 1924–28

	No. Students	Percentage
Went back to school	20	0.5
Went into other work	42	1
Death	47	1
Infringement of rules	93	2.5
Not desirable	149	3
Unable to carry theory	176	4
Personal reasons	231	5
Transferred	234	5
Misconduct	247	5
Not competent	347	7
Married	441	9
Dislike of work	482	9
Home conditions	485	10
Illness	867	17
Not fitted for work	1,040	21
Total	4,929	100

If we separate from this tabulation the number definitely not qualified, or those who possess undesirable qualities for the profession of nursing, we find that 38 per cent come under this heading:

THOSE WITH UNDESIRABLE QUALITIES

Not fitted for the work	1,040
Not competent	374
Misconduct	247
Not desirable	149
Infringement of rules	93
	1,903 or 38%

In another state, covering a period of three years, the number of undesirables proved to be 27 per cent. These figures lead to one definite conclusion; there is too great a waste in such a system. Ways and means should be found to ensure a better selection of applicants.

It is difficult to make comparisons between a school of nursing and other schools as conditions are so different. I was interested, nevertheless, to compare our own school with other professional schools in the university. In the School of Business and Public Administration about 65 per cent graduate, and in the School of Medicine about 67 per cent graduate. In the former the students are all juniors and seniors, while in the latter they are graduate students. The schools, therefore, which are most comparable to ours are the schools of Engineering and Architecture to which the students are admitted from high school. They graduate 37 per cent of the students admitted, while the School of Nursing graduates 60 per cent.

The Need for Some Means of Testing Character Traits

If I were to pass around a questionnaire in this audience asking those present to give the causes of failure of graduate nurses whom they have known, I believe that the returns would show that the majority of such failures were not due to lack of theoretical or practical ability but to personality difficulties. It is, of course, a tragedy that anti-social or undesirable traits could not be discovered early in a student's course, and either corrected or continuance in the school discouraged. The need for some means of testing character traits of applicants is strongly felt by many.

A concrete illustration of the point that women may measure up in intelligence and still be unfitted for the profession of nursing comes to mind. Two young women with excellent educational preparation entered the school with which I am connected. One was a college graduate who had, for several years, been a teacher in a country school, the other was a young woman who lacked only a few units of credit for her A.B. degree. At the end of the first semester these students ranked at the head of their class in scholarship. Notwithstanding, they were both handicapped by personality difficulties. Much time was spent in conferences with these women in trying to assist them to make the adjustment. However, greater contact with them in ward situations revealed that one was incapable of accepting suggestions from those in authority, that she was unkind, unsympathetic, and had an overbearing attitude toward her patients. The other student was utterly incapable of organizing her work: one patient would be well cared for while the others would suffer from neglect. It was necessary, after six months, to advise both students to seek other fields of work. Without question, we should have had either better knowledge of the character of these young women before they were admitted to the school, or we should have employed better means to help them make the adjustment after admission.

Edward K. Strong, Jr., Professor of Psychology at Stanford University, has done some work in this direction, in devising vocational tests which show a student's likes, dislikes, interest and lack of interest in certain things. These help to determine fitness for a certain kind of work. Theodore F. Lents, Jr., Assistant Professor of Education at Washington University, in an article entitled "Character Research and Human Happiness" makes a plea for the financing of a scientific project in character research. May we not look forward to the time when the National League of Nursing Education may secure funds to undertake such a project? It is, perhaps, more needed in the vocation of nursing than in any other profession and offers a field of research presenting undreamed of possibilities.

Personal Contact with Students before Admission

It would undoubtedly be a great advantage to establish some means of personal contact with students before admission to the school, either by an individual interview at the school or by a home visit. Some schools require the former, but there seems to be very little done in the way of visiting the prospective applicant in her home. This form of contact offers several advantages. Meeting a student in her home environment relieves her of any embarrassment or timidity, and it offers an opportunity to meet the parents and to discuss with them the question of the

daughter's future. Many prejudices on the part of parents may be overcome in this way. This also affords an opportunity to look into the financial status of the family, and to discuss with them the cost of such a course. Students are very much handicapped when they enter the school with such limited resources that they are unable to dress in the same manner as their associates, or to take part in the social activities of the school.

The employment of a field representative who can make such personal contact with applicants, and who can (at the same time) visit the high school and have a conference with the vocational director or dean of girls in regard to them, would be a desirable addition to any school faculty. It would, undoubtedly, save the school from admitting many undesirable students.

Problems of Adjustment

THE more careful a selection of students, the less difficult will be the problem of adjustment after entrance. Schools of nursing do present problems in adjustment which are different from those found in boarding schools or colleges. Hospital life is rather unusual in character, and is entirely new to young women entering our schools. A student must adapt herself to strange routines, to a system of hospital etiquette which often seems meaningless, to working with all kinds of people whether pleasant or disagreeable. How many a girl, who has always been the object of affection and attention at home, finds herself a member of a large group where no one receives individual consideration. With the exception of a very short vacation period, the student must live the entire three years under the regulations of the school. This may prove extremely irksome to her, and she may chafe under the restrictions which it involves. Having had her own way in most things at home, it is difficult for a young woman with boundless initiative and enthusiasm to work under the direction of others, unless she receives very wise guidance and direction. To one who has never been away from home, the adjustment to dormitory life, with its many distractions, is difficult. If a girl is attractive and popular, her room may always be filled with visitors, who prevent her from studying. In her class work she is confronted with an amazing number of new subjects. She must keep up each day with her lessons or she soon finds herself behind. She has no sooner become accustomed to the routine of study than she is introduced to the hospital ward with its bewildering number of sick patients, doctors, nurses and medical students, and is expected to adjust herself to this environment in a very short time. Such an experience is a severe tax on the emotional equipment of any girl. Obviously, there has been nothing in her past experience to compare with it. It is imperative, therefore, that students have a guiding hand and an understanding heart during this period of their course. Undoubtedly, too much is expected of the young students who enter our schools. Many are too young to assume the responsibilities which are often thrust upon them. It would be an advantage both to the student and to the school if the age requirement for entrance could be placed at twenty years. Ordinarily, students come filled with zeal and enthusiasm for the work they are to undertake. We must see to it that this spirit is not dimmed or snuffed out entirely, as is sometimes the case. The answer to this problem is adequate, wise and painstaking supervision.

Vocational Guidance in High Schools

THIS discussion seems to bring us to the conclusion that there is need for better vocational guidance in high schools. Mr. Harry Kitson, Professor of Education, Teachers College, Columbia University, stresses in the May number of the *Record*, the importance of special preparation for those who are engaged in vocational guidance in secondary schools and colleges. Some large city systems have well organised bureaus of vocational guidance with a director and a staff of experts. Certainly all high schools should have a qualified person to advise the students. It is to such people as these that we must go, to make known our particular needs. Steps in this direction have been taken in several places, the most noteworthy being the work done recently in the State of Washington by the League of Nursing Education. In consultation with high school authorities they have worked out a suggested course which is to be used in high schools for pupils who wish to become nurses. The program includes four years of English, two years of Latin, two years of modern language, one year of medieval and modern history, one year of United States history and civics, one year of chemistry, one year of biology or physics, one year of algebra, one year of economics, and one year of geometry. This curriculum has been sent to every high school, and to every school of nursing in the state. When such a piece of work has been accomplished in all our states, we will have done much in the way of solving some of our admission problems.

Cost of Nursing Education

STUDENTS in other professional schools pay fees which at least partly meet the cost of their education. In some colleges, it is estimated that the students pay about one-half the cost of their education. It may be true that students in the school of nursing pay a higher tuition than many college students, but this is true of only those who complete the nursing course. They do pay their tuition in long hours of service to the hospital. Those students who are dropped at the end of the preliminary course or during the first year, do not in any way meet the cost of their education. They represent a great expense to the school, or to the hospital which supports it.

In the Washington University School of Nursing, the average daily cost per student for the year 1929 was \$2.66, \$915.04 per year and \$2,745.12 for three years.

The cost of students in the preliminary course is much greater than that of the older students, owing to the fact that that part of the work is almost entirely theoretical, and includes all the courses in the basic sciences, which are costly because of the character of instruction given and the equipment used. Probably a conservative estimate would be \$3.00 per day for such students. This would represent an expenditure of \$360 for four months of the preliminary course. Where from 20 per cent to 25 per cent of a class is dropped at the end of this period, one finds that a surprisingly large sum of money has been expended.

The majority of our schools of nursing charge no fees for this period although a few have always done so. At the University of Wisconsin, students pay the same fees for the preliminary course as other students in the university, including room, board, and laundry. This would seem a wise solution to the problem in a university school and it would appear equally

just to require a good stiff tuition fee in hospital schools.

Conclusions

If we are to secure fewer and better candidates for our schools of nursing, and wish to eliminate the waste in our present extravagant system of nursing education, we must begin to pay more attention to the social, economic, and intellectual backgrounds of our students. Those unfitted for the profession will have to be rejected through the use of intelligence and character tests. States must establish laws with a minimum entrance requirement of four years high school, and stick to this requirement. High schools, through their vocational guidance departments, must be informed as to our needs, so that they can intelligently advise young women who are thinking of entering our profession. Courses must be made available in high schools which will ensure a better background for the nursing course. Students must meet a part of the cost of their education, especially for the preliminary course, by the payment of tuition fees, the same as other college students. Only then, will some of the problems of admission and adjustment be solved in our schools of nursing.

Staff Conferences and Conference Leadership[1]

ROY SORENSON

It may be helpful to see staff conferences in their larger setting, in perspective, then to recall some of the advantages gained by the use of the conference method, before listing some of the practical means of conducting good staff conferences.

Several things are converging to emphasize the potential power of "conferencing."

1. Group life, conferences, committee meetings are social phenomena of our times. It is not strange that a new social technic is growing up to facilitate the effective carrying on of all this group life. A group methodology has emerged.

The conference method is used extensively in business and industry. It is much more widely used in [illegible] than formerly. It has claimed the attention of social organizations to a remarkable degree.

The book, *Training for Group Experience*, represents the thinking of representatives from the Amalgamated Clothing Workers, American Country Life Association, Brookwood Labor College, Child Study Association, Federal Council of Churches, Girl Scouts, [illegible] Foundation, International Council of Religious Education, Missionary Education Movement, Y. W. C. A., Y. M. C. A., National League of Girls' Clubs, National League of Women Voters. It is interesting testimony of the search that is being made for refinement and perfection of a conference technic with which to gain the most from the multiplicity of conferences going on.

2. The various aspects of the Adult Education Movement and the increased interest in many forms of professional and vocational education have created a need for a new methodology.

The motivation operative in adults is [illegible] problems, some felt need. They have experience of their own in the subject [illegible]. The need to provide a setting in which mutual respect for each other [illegible] with adults. This has [illegible] created an urge for a new type of educational method.

3. As educational psychologists began to [illegible] our concept of the learning process changed. The "laws of learning" —[illegible]

[1] Read at the session conducted by the Education Committee, National League of Nursing Education, Milwaukee, June 12, 1930.

the foundation for a new educational method. Social psychologists have strengthened this concept as they have shown us the power of the group in the education of the individual.

4. The result of the change in concept of the learning process has been a new philosophy of education. John Dewey's five steps in a complete act of thought (felt difficulty, alternative solutions, plan, execution, judgment) have replaced the Herbartian plan of teaching with its five steps (preparation, presentation, comparison, generalization, and application). The project method, the situation-problem emphasis, has shown new possibilities in conferring.

Thus the increased group life of our time, the growth of adult, professional, and vocational education, the knowledge about learning gained through experimental psychology, and the emergence of a new philosophy of education, have shown us the sharp and effective tool within our hands in the form of workers' conferences.

Even with the new possibilities we see in "conferencing," our interest in staff conferences is not an isolated one, but one which has its setting in the larger range of educational supervision.

The *Eighth Superintendents' Yearbook* defines supervision as "a creative enterprise which seeks to provide an environment in which men and women of high professional ideals may live vigorous, intelligent, creative lives."

Staff conferences take their place in a proper balance of various supervisory functions:

Inspection, which discovers defects to be remedied and procedures which merit encouragement.
Research, which reveals principles which make for improvement.
Training, which familiarizes the person with principles as they are seen in concrete situations.
Guidance, which provides the inspirational and material environment necessary to incorporate understandings into practice.

These functions interrelate and play upon each other. Training conferences are dependent upon the observations of inspection, upon the contributions of research, and upon the problems of guidance. Staff conference is the way they get together.

In the school field, summary returns from fifty specialists, 100 superintendents, and 100 teachers, reported by the *Eighth Superintendents' Yearbook*, rated teachers' meetings, of the group meeting sort, as the second most valuable means of teacher improvement. Classroom visitation was the only item which outranked the teachers' meeting of the group meeting sort.

Thus we have seen in perspective that the staff or workers' conference is set in a series of social and educational trends; it is an important phase of educational supervision; and it is developing a methodology of its own.

Let us now examine the conference method somewhat for its advantages. Let us ask ourselves why the staff conference is such an effective tool in the hands of educational supervisors.

The conference method is efficient in securing learnings. It is very effective educationally. This is because it creates active participators rather than passive listeners. Thinking, instead of being wholly an intellectual procedure, involves an integration of emotional and intellectual factors which the give and take of the discussional procedure utilizes. Subject-matter is dealt with in the situation form in which the need for knowledge arises. This makes the learner's experience the resource of highest value. Readinesses are stimulated so that the stage is set for the useful appropriation of information. Facts are seized upon when they are needed. Dealing with situations and experience also keeps thinking in contact with realities.

The conference method of teaching substitutes:

Reasoning for Memory.
Conduct for Information for its own sake.

Priority of the problem for Priority of the subject-matter.

Natural setting for learning for Artificial setting for learning.

Workers' conferences create appreciation of new values, problems, and people. The contagion of the group situation awakens concerns and appreciations not before felt. Not only does new light result for those who have the motive, but new motive is generated within the group process.

The individuals participating get a new sense of their worth as persons. Without neglecting the thought of experts, it encourages everyday folk to respect their own experiences. Perhaps this renewed sense of the dignity of one's own thinking and one's own place in the total enterprise, frees one to grow as few other things do.

Now with our staff conferences set in meanings arising from the group life of our times, and with several reasons before us of why staff conferences are important and effective, we can ask ourselves how to conduct them.

The leadership of a conference is a specialized skill. Understanding and continual practice must go into the attainment of skill. While the attitude of the leader is very important, it is not sufficient without attention to the way it is done.

In a study of faculty meetings by one hundred ninety-eight public school teachers in Oakland, California, the following suggestions emerged:

1. Have smaller groups.
2. Employ the discussion group method.
3. Employ demonstration by the teacher as a basis for discussion.
4. Have more pointed discussion of problems—be more definite and concrete.

To this list let me add:

1. Pay more attention to the physical details, such as kind and size of room, comfortable chairs, seating arrangement so all members of group can look into each other's faces. Avoid exact rows.

2. Provide a mood of informality and comradeship. The leader sets this mood in the first few minutes of the meeting. A glowing interest in the group, warmth, earnestness, genuineness, and a sense of humor contribute to its spirit. Some meetings are so grimly purposeful that half an hour is tiring. Others are so zestful that several hours are not taxing.

3. Some realistic method of deciding upon the items for a conference agenda should be used. Situations revealed by inspection by the supervisor should be tested for importance, frequency, and educational potentiality. Questions like the following will help in deciding agenda: What is their situation? What are their questions? Where do their interests lie? By consulting with members of the group, either through a regular planning committee or by talking with a few individuals, help can be obtained in locating the most fruitful problems.

To the degree that the situation introduced is of concern to the group and the issues make any difference in their lives, will there be deep emotional accompaniment. The ramifications of any situation or problem are so numerous and varied that the teaching objectives of the leader can be realized through the process.

4. When the situation, or problem, or topic, has been decided upon, careful preparation of the method of presentation is essential. The way in which the discussion is opened up is of the greatest importance and perhaps more discussions are ruined here than at any other point. The following ways are suggested:

(a) Beginning with a concrete life-situation.
   (1) Picture a situation and ask what should be done in that situation.
   (2) State a problem and ask what experiences of the group throw any light on problem.
   (3) Portray a case, go through a demonstration, and ask for judgments and opinions about aspects of that case or demonstration.
   (4) Picture a situation and list multiple-choice alternatives.

(b) Beginning with opinion-gathering devices.
   (1) Prepare a questionnaire, give it to the [illegible] tabulate results [illegible] at [illegible] in [illegible] "Why did you [illegible]?"
   (2) Check lists that provide a range of opinions on a list of items, when tabulated, provide a good discussion basis.

(c) Beginning with some proposed topic of current interest.

(1) This requires connecting the topic with the experience and real concern of the group.

(2) Break up the topic into phases manageable in discussion.

(d) Beginning with a textbook, speech, or other informational source.

(1) Books rarely start with situations. Therefore we need to ask: "Where does the material connect with the life of group?"

(2) Appeal to the experience of the group, ask for their discriminations.

5. One responsible for the meeting should arrange for some resource to be available. This will include books and people. The group is just as dependent as is the individual upon reliable data and upon the contribution of the expert. The difference in the conference method as over against the classroom teaching method is in the expert's relation to the group. The books and expert should be present to help at the points where the group wants help.

6. The leader of the group needs patience, poise, and restraint. There are awkward moments through which to wait, irrelevant ideas of which to be tolerant, and heated, emotional speeches through which to remain calm and objective. The leader must be willing not to take part every time a member of the group speaks. Questions tossed into the group should be tossed back and forth within the group, not always between leader and group. The leader must be willing to refer questions back to the group and not answer them or call on the resource person until the group has worked with the question awhile, if the question is an important one. If a satisfactory answer can come from the group's discussion, it is better not to use the resource. Patience is also required when time limitation tempts undue prodding.

7. The leader must be sensitive to the group. The many non-verbal means of participating must be observed and taken into account. Approvals and disapprovals, interest and lack of interest, agreement or difference in opinion, can be detected by the raised eyebrow, clouded countenance, uneasy stare, quick leaning forward, [illegible], and so on. By looking occasionally at those who have not taken part, and [illegible] looking at those who participate [illegible], the quality of the meeting is [illegible].

8. The art of asking good questions is needed throughout the group process. Following are some suggestions:

Questions should be penetrating and definite enough to arouse thought and broad enough to call for a series of thoughts and comments.

Avoid:

(a) Mere factual questions.
(b) Guessing questions.
(c) Self-evident and yes-no questions.
(d) Indefinite ones.
(e) Long and involved questions.
(f) Questions not phrased in the language of the group.
(g) Repeating a question too many times.

9. Summarize occasionally during the course of a discussion. A summary takes the place of motions; sifts the chaff from the grain (the irrelevant comments are ignored in the summary); allows the group to see progress. The summary should not be so frequent that it interrupts the process. Do not mistake a comment on something that suits the leader for a summary.

10. In a large conference it is wise to break into smaller groups for some parts of the process. For example the Springfield Council of Social Agencies, Y. W. C. A. National Convention.

11. Outside preparation and investigation by members of the group will grow out of concerns generated in discussion. Bibliography should usually follow and not precede group discussions on any matter.

12. An understanding of some of the mental hygiene reasons for "mis-fire" responses such as "side-channeling," "face saving," blame reactions, fixed-idea reactions, word compulsions, "limelight seeking," approved answers, etc., enable wiser handling of them and prevent them from interfering with the group process.

These suggestions about technic will grow into a much longer and richer list as your experience ripens in this area. May I challenge all of you to work consciously at gaining skill in this area as one of the most fruitful places for experimentation.

Experimentation and skill by you in this matter will not only enrich the group with whom you work, and will not only make a contribution to your professional understanding and skill, but it will actually allow you to provide your share in the forging of a new social technic for enabling persons to grow richly and fully in our complex group civilization.

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Department of Red Cross Nursing

[illegible]

Red Cross State Committee—Is It a Committee of the State Nurses' Association?

We quote the following extract from a recent letter sent to eligible nurses by the chairman of a state and local committee on Red Cross Nursing Service:

> *As chairman of the Red Cross Enrollment Committee of the ——— Graduate Nurses' Association, I am sending this letter to graduate nurses in this state who are eligible for enrollment.*

Then follows a clear-cut statement on requirements, as well as a clarion "call to the colors." There are two statements in the quoted paragraph that caught our eye at once, and made us feel that if our Red Cross organization were not clear to the members of our nursing committees, it certainly would not be to those with a less intimate relationship. We have explained before, but we are glad to do so again, that the state committee on Red Cross Nursing Service is not a committee of the state association. It has, however, a very close working relationship, for the national committee depends upon the boards of directors of state associations to nominate at their annual meetings suitable nurses from their membership to serve on these committees. These nominations are sent to the National Headquarters of the American Red Cross, and if approved a formal appointment is sent to each. The committee then becomes a Red Cross committee, an essential part of the chain of organization which links the Red Cross nurses of a given locality through a local committee to the state, and, finally, to the national committee. This type of organization, separate from the chapters as well as the State Nurses' Association, preserves the integrity and continuity of the Nursing Service as a reserve of the Army and Navy Nurse Corps, as well as a professional source of supply to the Red Cross, itself.

In return for this service rendered by the state associations, the American National Red Cross has invited them to enroll as "Institutional Members" with the organization, with the privilege of sending from each a delegate with voting power to the annual convention of the National Red Cross Society. This unusual arrangement is not enjoyed by any other society in the United States. For this reason we, at the risk of becoming tiresome, are constantly impressing upon nurses, both individually and collectively, the importance of understanding the relationship and making of the situation a real and vital responsibility.

A second point in this brief statement deals with the name of the committee. While the [illegible] of [illegible] Nursing Service [illegible] may indicate, or, as is the [illegible] of the writer of the quoted paragraph, in

[illegible] states the state and local [illegible] may be combined.

[illegible] for Local Committees

[illegible] Mrs. Ivah W. Uffelman, [illegible] and Secretary of the [illegible] Committee on Red Cross Nursing Service in Nashville, Tennessee, [illegible] received the following [illegible] of objectives for the coming year. We pass these on as a suggestion to those committees that so frequently ask: "How may we make our [illegible] meetings interesting, and how may we make our members take [illegible] in the work of the committee?" Mrs. Uffelman writes: "We are planning a definite program for the year." This includes:

1. [illegible] of the Red Cross program of [illegible] Nurses' Association. One [illegible] a year.
2. [illegible] meet all alumnae [illegible] each year.
3. [illegible] undergraduate students and [illegible].
4. [illegible] classes in city schools.
5. [illegible] a little exhibit to set up on [illegible]. You may also be interested [illegible] that we are working to bring about a [illegible] relationship between the local [illegible] and the chapter here.

We are particularly interested in the [illegible]. Every effort is being [illegible] by the national office to bring [illegible] "tie-up" between the [illegible] committees and the chapters. [illegible] would follow the [illegible] once a year a list [illegible] members, with ad- [illegible] all the chapters in their [illegible] the chairman and [illegible] giving the telephone [illegible] complete list [illegible] in the chap- [illegible] by the [illegible] ready to help [illegible] nurses are needed, [illegible] would be fewer complaints from [illegible] committees that they are ignored; the onus then falls upon the chapter and not upon the committee. We urge both chapters and committees to keep us informed of any apparent lack of coöperation on the part of either group. A better understanding can be reached, or an adjustment of a local difficulty made through a visit from the nursing or general field representative.

[illegible]

The Objective of Another Committee

FROM New Hampshire we have been informed by Myrtle H. Flanders, General Field Representative, that each member of the state and local committee has pledged herself to bring ten nurses into the enrollment next year. We hope other committees will follow this practice.

Speaking of Exhibits

NATIONAL HEADQUARTERS is kept busy trying to supply exhibits to annual or biennial conventions of all sorts of national societies. Why not try to develop them locally, as Mrs. Uffelman of Tennessee suggests? A large map of the state, showing the location of local committees, names of members, with addresses appended, and number of nurses enrolled under each committee, makes a very interesting as well as enlightening appeal. If a list of the chapters in the territory of the committee is added it would help to round out the picture of the Red Cross facilities. Such a map is easily secured and arranged. Try it at the next state meeting.

Nursing Field Representative for Vermont and New Hampshire

HELEN GOULD, a graduate of the New York Hospital, has been appointed Nursing Field Representative for Vermont and New

Hampshire. Miss Gould served with the Army Nurse Corps during the World War, was released to the Red Cross shortly thereafter, and joined the Red Cross Tuberculosis Commission to Italy for special public health nursing. She has served as a Red Cross Public Health nurse in this country, as well as an instructor in Red Cross courses in Home Hygiene and Care of the Sick. This, with her experience with other organizations, well qualifies her for this important office. Miss Gould succeeds Miss Petersen in Vermont and Miss Flanders in New Hampshire; the latter is still, however, a valued member of our official family, but assumes the office of General Field Representative.

Changes in Regulations

IT was our former custom to require a nine months' affiliation or postgraduate course for enrollment of graduates from schools connected with special hospitals, and six months in a large general hospital for those who graduate from schools connected with hospitals which fall below the required daily average of fifty patients. The National Committee at its last meeting recommended the following schedule (see *A. R. C.* 703, page 4, Nursing Education):

A. A school connected with a hospital having a daily average of 35-49 patients, inclusive; six months affiliation.
B. A school connected with a hospital having a daily average of 20-34 patients, inclusive, nine months affiliation.
C. A school connected with a hospital having a daily average of less than 20 patients; one year affiliation.

Contents of courses are also taken into careful consideration. The maximum age limit has been reduced to forty years, instead of forty-five as formerly. Eligibility of graduates from special hospitals is also to be determined on a more flexible basis. Furthermore, a year's experience in a government hospital in lieu of preliminary training will not be generally accepted, but will be determined on the merits of individual cases. Instructions covering these points have been issued to all local committees. These regulations do not affect applications for enrollment dated prior to July 1, 1930. It is believed that this more flexible scale of determining eligibility will not only be fairer to the applicant and render the work of our local committees much easier, but will in the end help to raise the standards of nurse education, especially in the smaller institutions.

Enrollments Annulled

THE enrollments of the following American Red Cross Nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Pyrl [illegible]; Mary Hannah Grover; Mrs. Robert P. Greber, née Laura L. Baker; Sallie Guild; Mrs. Hattie M. Hall, née Mohr; Mabel Viola Hall; Mamie A. Hall; Mrs. Charles H. Hamilton, née Callie Oglevee Gray; Bernadette Monica Hamlin; Mrs. Henry M. Hankins, née Florence Cecelia Hansbury; Mrs. R. F. Harper, née Goldie Edna Dewey; Ruth Harrington; Margaret Harris; Jennie A. Harte; Laura C. Hartvigh; Frances [illegible] Harvey; Mrs. Cora May Hathaway, née Baker; Flora [illegible]; Mrs. Grace [illegible], née [illegible]; Anna [illegible]; Lila B. [illegible]; [illegible] F. [illegible]; [illegible] M. Herman; Mrs. [illegible], née Florence Duncan; [illegible]; Mrs. F. A. [illegible], née [illegible]; Mrs. [illegible], née [illegible]; [illegible]; Mrs. Charles F. [illegible], née M. [illegible]; [illegible] C. [illegible]; Mrs. C. W. [illegible], née [illegible]; Mrs. Georgianna [illegible], née [illegible]; Mrs. Harold [illegible], née Florence [illegible]; Mrs. Florence [illegible], née [illegible]; Alpha Ann [illegible]; Mrs. Alice Warren [illegible], née [illegible].

Student Nurses' Page

A Case Study of Tetanus

BERTHA SNOW

Corry Hospital School of Nursing, Corry, Pa.

Tetanus infection, or lockjaw, is an acute infectious disease caused by the tetanus bacillus and characterized by headache, sore throat, malaise, trismus of jaws, and rigidity of face, neck, and back muscles.

The disease is caused by a slender, rod-shaped, spore-forming organism—the spore usually being at one end, and giving the bacillus the appearance of a drumstick. These spores are very resistant and may live for years in dust. The first individual to succeed in infecting mice and rabbits from garden soil was Nicolaier, in 1884; but he was unable to isolate the organism. In 1889 Kitasato succeeded in isolating, from lesions in mice which had been inoculated with material from a human case, a bacillus which, when injected into animals from a pure culture, produced the characteristic symptoms. He also explained that failure to isolate them previously was due to the fact that these organisms can grow only in the absence of oxygen. The bacilli lodge in dirty wounds, where they produce a powerful toxin having a strong affinity for nerve tissue. These toxins are carried in the blood until they are absorbed by the brain and spinal cord, the germs remaining at the site of infection.

The normal habitat of tetanus bacillus is the intestinal tract of herbivorous animals. In the dejecta the organisms find their way into the soil, and in the pulverized soil they are scattered with the dust practically everywhere. Tetanus bacilli may be found almost anywhere man and domesticated animals have been. Tetanus may, therefore, develop when soil or dust is forced into an open wound. It sometimes develops from vaccination when the vaccine has been obtained from unclean calves. It may also result from the use of improperly sterilised catgut, because the intestines of sheep, from which catgut is made, may contain tetanus bacilli. In China, tetanus not infrequently develops in newly born children from infection of the navel following childbirth.

The period of incubation for the tetanus bacillus is from one to twenty days, but usually is noticed in from five to ten days. The shorter the period of incubation, the more severe the disease, and the more apt to be fatal.

Treatment and general nursing care of the patient consist principally in avoiding all annoyances to the patient (such as light and noise) and keeping the patient as comfortable as possible by changing the position often. An accurate knowledge of the intake and output of fluid is necessary—the former to ensure a proper supply of nourishment by any necessary method

and the latter in order to note how far rigidity has taken place. The mouth should be cleansed carefully and all precautions used to prevent biting of the tongue or, if already bitten, to prevent infection. Headache may be relieved by ice caps. The patient must be carefully watched for serum reaction and convulsions, and as much of the pain as possible alleviated by means of morphine or codein. Particularly to be remembered is the fact that the patient is at all times oriented to his surroundings and to what is being done for and to him.

A Case

THE patient, M. H., a young woman twenty-one years of age, entered the hospital March 25 for an operation to be performed on the twenty-sixth. A sterile skin preparation was applied on that date and on the twenty-sixth an appendectomy and double salpingectomy were performed, from which the patient had a good post-operative recovery, the wound healing by first intention. On April 2 the patient was discharged and taken home by ambulance. On April 7 the patient complained of being tired, of backache, and loss of appetite. The next day she found she could open her mouth only with difficulty. The attending physician was called on April 9, at which time the patient complained of severe headache, backache, rigidity of muscles (particularly of neck and back) and difficulty in separating teeth. Her back and neck were arched and the muscles of the abdomen were very rigid. She was readmitted to the hospital on that date with temperature 98, pulse 120, and respirations 20.

The doctor's immediate orders were that adrenalin m.vii be given by hypodermic every three hours, in order to relax involuntary muscles and slow the pulse; tincture digitalis m.x to be given orally every three hours, to decrease the pulse rate and give blood vessels better tone. Temperature, pulse, and respirations were to be taken every four hours. Fluids were to be forced so as to aid elimination and keep the tissues supplied with fluid. In case of necessity, the patient was to be catheterized to relieve the bladder. Morphine sulphate gr. 1/8 was to be given for pain whenever necessary.

On April 10, her first morning at the hospital, she was able to separate her teeth only one eighth of an inch, and complained of severe pain on swallowing. She refused to drink because of the difficulty in swallowing, and was given fluids and medications by Murphy drip for two days. The fluids consisted of normal saline and glucose 5 per cent, with tr. digitalis dr.ii to 500 cc. glucose.

On April 11 a lumbar puncture was done under chloroform anesthesia, which the patient stood very poorly. She became cyanotic, and respiration became labored, but her pulse remained fair in quality. Thereafter, for the next five days, she was given a general anesthetic of ethyl chloride for relaxation of the muscles during the intraspinals.

Her reaction after these treatments was usually that of very severe pain, sometimes tremors, profuse sweating, and oftentimes greater rigidity of muscles with subsequent relaxation later in the day. The spinal fluid was clear at first and came at normal pressure, but during the course of the disease, became turbid and bloody and was withdrawn under increased pressure. As the patient grew better the fluid became less turbid and bloody and pressure became more normal.

On the third day a course of calomel gr. 1½ was given in 1/10 grain tablets for fifteen doses. On the fourth day an enema was given to aid in eliminating the calomel and induce peristalsis. On the fifth day another course of calomel was given which was followed by an enema. On April 16 luminal gr. 1½ was ordered every six hours for relaxation.

For the first week the patient's condition was very serious. She lay on her right side and back, with knees flexed and head drawn back. Her face was pale and drawn and all reflexes of the body were hypersensitive. She was very drowsy, but always answered when spoken to, though on several occasions she was difficult to rouse. Her body was in a condition of tonic spasm, especially the muscles of legs, back, and neck, but she had no convulsions during the siege of the disease. During the first six days the patient's condition seemed gradually to become worse, but after that time she improved gradually. The temperature ranged from 98° to 101° during her illness.

On April 20, eleven days after onset of the disease, she was able to turn her body without help and to turn her head from side to side. She was also able to move her head up and down slightly, and took fluids and soft foods easily. On this date also the last tetanus antitoxin was given intravenously. On April 24 she was able to sit up in bed alone and had good flexion of head. All muscles including abdominal muscles were soft and pliable. Her T.P.R. was 98.6–80–20. On April 28 the patient was up in a chair and could chew all foods, including meat. The following day she was walking about, and on April 30 (21 days after readmission) she was discharged in good condition.

The following is a summary of the tetanus antitoxin given:

April 9	Intraspinally	10,000	units at	9.45 p.m.
	Intravenously	20,000	" "	11.00 p.m.
" 10	Intravenously	20,000	" "	8.15 a.m.
	Intraspinally	20,000	" "	9.30 a.m.
" 11	Intravenously	20,000	" "	8.00 a.m.
	Intraspinally	20,000	" "	4.30 p.m.
" 12	Intravenously	20,000	" "	7.30 a.m.
	Intraspinally	20,000	" "	8.00 a.m.
" 13	Intravenously	20,000	" "	8.30 a.m.
	Intraspinally	20,000	" "	8.55 a.m.
" 14	Intravenously	20,000	" "	8.30 a.m.
" 15	"	20,000	" "	9.00 a.m.
" 16	"	20,000	" "	8.45 a.m.
" 17	"	5,000	" "	8.15 a.m.
" 18	"	5,000	" "	7.45 a.m.
" 19	"	5,000	" "	7.55 a.m.
" 20	"	5,000	" "	6.40 a.m.
	Total	270,000		

Bibliography

[illegible], *Surgical Nursing.*
[illegible], *Bacteriology for Nurses.*
[illegible], *Principles and Practice of Nursing.*
[illegible], *Surgery for Nurses.*
Blumgarten, *Materia Medica for Nurses.*
Blumgarten, *Text Book of Medicine.*
American Journal of Nursing, May, 1928; February, 1930.

Baccalaureate Services

AVIS EGLAND

Grandview Hospital, La Crosse, Wisconsin

THE Seventh District Nurses' Association of Wisconsin sponsored a unique type of Baccalaureate Service for the combined schools of nursing of La Crosse. In this city of 38,000 there are three schools of nursing and the graduating classes numbered 28, 12, and 14 respectively. Supervisors and general duty nurses and students also took part in the processional. The service was held Sunday, May 11, at 10.45 a.m., at the Rivoli Theater, it being deemed advisable to have an auditorium sufficiently large to hold the audience. The First Presbyterian Church of La Crosse and the pastor, Rev. F. Bronnickur, had charge of the service—this latter being of a threefold nature and arranged in three different addresses.

The first address, which was given in memory of Florence Nightingale and in honor of Hospital Day, impressed us with the influence of so great a character. A brief résumé of Miss Nightingale's life work and service in the Crimean War inspired us with a spirit of enthusiasm for whole-hearted, unselfish service to humanity. John Ruskin's quotation, "An organization is but the lengthened shadow of one man," expressed the influence of Florence Nightingale's service on present day hospital organization and nursing status.

The graduating class, which was addressed with the text, "Whatsoever thy hand doeth, do with all thy might" (Ecc., chap. 9, verse 10), was impressed with the fact that efficient, conscientious service is much to be desired by the successful nurse. "Be ye faithful over little things and I will set you over mighty things."

The third address was to the mothers—it being also Mother's Day. Examples of various historical mothers who had had a definite influence on the life of a son or daughter were cited.

Appropriate music was rendered and, as pictures of Florence Nightingale's work in the Crimean War were flashed on the screen, an impression was created which will remain in the minds of all present.

United States Civil Service Examinations

THE United States Civil Service Commission announces the following open competitive examinations:

Chief Nurse (Indian Service)
Head Nurse (Indian Service)
Graduate Nurse (Various Services)
Graduate Nurse, Visiting Duty (Various Services)
Graduate Nurse, Junior Grade (Various Services)

Applications for the above-named positions must be on file with the Civil Service Commission at Washington, D. C., not later than December 31, 1930. The examinations are to fill vacancies in the Departmental Service, Washington, D. C., and in hospitals of the Veterans' Bureau, the Public Health Service, and Indian Service throughout the country, also in the Federal Industrial Institution for Women, Alderson, W. Va. [illegible] will not be required to report for examination at any place, but will be rated on their education, training, and experience. [illegible] may be obtained from the [illegible] Civil Service Commission, Washington, D. C., or from the Secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Night Duty in a Hospital in South India

THE following are from night reports written by a student nurse on his first assignment to night duty. He had been in training just seven months. He is a high school graduate and a very promising student.

We do not have such a luxury as a night supervisor, for the simple reason that we cannot afford one. Funds are rather limited in a mission hospital. After I have made rounds about 9.00 p.m., the students are left in charge of the patients. A graduate nurse is on call in case special treatments need to be given or when emergencies arise. The young man in charge of the Male Ward had, along with the others in his class, received instruction as to writing a report about his patients. He was given a model report to copy in his notebook. Fearing that he might, as is sometimes the case, write a report copying his model verbatim, I suggested that he might write it in his own words using the outline that had been given him. That he had his own ideas as to how it should be written and as to how to report his patients is, I think, quite evident from the quotations that follow:

"Ward administration during the night was dealt with great care. Patients had their usual medicines in time."

Then follows a report of the high temperatures:

"Ordered doses from stock mixtures and pills were dispensed statum with care to bring the abnormal temperatures of the patients to normal. . . . As A. J. complained of severe attack of asthma, he had with the usual [illegible] care the hypo of adrenalin [illegible] at 8 p.m. in accordance with the standing order of Dr. S. P. . . .

"[illegible], the bullock-gore case, had [illegible]. He was provided with [illegible] which finally came of [illegible] the demanded pain. [illegible] to lie flat on his back, so as [illegible] of blood to the lower [illegible] was a great difficult problem to [illegible] deal with him.

"[illegible] was far more than restless [illegible] having sensation all over his body. Patient was comfortable and freed a little from that sensation after he received a very good manipulation with the medicinal agent of camphorated oil. From time to time calls from patients requiring assistance were punctually attended to. Adequate encouragement was given to patients with ailments and bad complications. Protection of patients from chill during rain was paid particular attention to. Glad to mention that almost all of the patients, except a few, spent three-fourths of the night in good sleep and rest, and the ward was more calm than yesterday.

"Yesupatham (a pneumonia case) has no cough. The only difficulty is that he does not take fluid in properly. He was tried with lime juice twice. Result is somewhat good. It is hoped that albumen water, if tried every hour, will bring back his original taste. (The albumen water was his own idea.)

"Chinniah, the accident case, was restless between 11 and 2 a.m. He was not able to pass urine. On making keen observation, poor man had overdistended bladder. Therefore, after strict sterilization and with the aid of Mr. J., graduate, the whole technic of catheterization was carried out at 1.45 a.m. As a result of that, patient was comfortable and slept well."

Another report again speaks of Yesupatham: "Yesupatham was fed with milk and coffee twice. He is gradually taking in the fluid given him. The boy caught his mother's hands and placed them on his stomach in token of appetite. It seems that the lad is attaining his original taste gradually since he was given the albumen water. But he was murmuring the latter part of the night. . . .

"M. H. (a patient in one of our private houses outside of the main hospital building) complained of gastritis. In accordance with the order of the doctor one ounce of carminative mixture was dispensed statum at 8 p.m. Several visits were paid during the night. I found the patient and his relatives sleeping inside the room with the doors and windows closed. (The temperature ranges from 70 to 80 degrees in February.) Health habits were, therefore, taught as to the ventilation and accommodation of the house.

"The little child with the compound fracture gave much trouble to its mother at midnight by making great noise. That was put to an end by giving him a piece of bread and a glass of water." Another night about this child he writes as follows: "A good deal of noise was made during the night by the loud crying of the child with the compound fracture. He was crying because he has much appetite and it seems that the mother does not feed the child properly." (Many of our patients take only food supplied by their relatives and will take it from their family only. Others, such as our nurses, or those of other castes than themselves, would defile it.)

When at the end of the month this student was commended for having discharged his duties faithfully, he answered, "Certainly."

W. [illegible], R.N.

How the Army Cares for Sick Nurses

FOR several months I have thought of writing you on how the Army takes care of its nurses who are ill, as I believe your readers would be interested.

I was operated on in October, 1927, by two of the finest surgeons in the Army. Due to my condition and to complications, I was on the seriously ill list from then until some time in February, 1928, and I believe that but for the excellent care I received from doctors and nurses, I could not possibly have survived.

At first, for two weeks I had two special nurses, among the best in the Post. Then the nurse in charge of the floor, with unfailing kindness and efficiency, helped me turn the corner, and two others tended me until I was a *favorite* sister of theirs. For over six months while I was in the hospital, the chief nurse paid me a call every evening after supper; of course she saw me each morning when making official rounds, but never failed to see me in the evening, too, and her assistant also cheered me by her frequent visits.

If I were to name all the nurses who gave me of their time and many kindnesses, my letter would be too long. However, I must mention the [illegible] with which the [illegible] in charge of the Nurses' Mess personally brought me each day for weeks, as for several months I had difficulty in taking nourishment, until finally I was fortunate in being ordered champagne by the surgeon in charge, which proved a great help.

Having been in the hospital from October to May, I must mention the various special holidays during that time. Hallowe'en, Thanksgiving, Christmas, New Year's, Valentine's Day, Washington and Lincoln's Birthdays, St. Patrick's Day, Easter, and so on, and the many, many greetings and flowers sent me by nurses on those days. Nowhere in the world except in the Army would I have found such an unfailing feeling of comradeship and good will as I received from the whole Post personnel, including officers, nurses, and civilians.

Among the flowers received at Christmas there was a beautiful poinsettia, from several of my old patients whom I knew when on duty in Fort Bayard, New Mexico, twenty years earlier. How often in civil life is a nurse remembered kindly by her patients for over twenty years?

Before closing, I must mention, too, the unfailing care and kindness received from the Catholic Chaplain in charge of the Post.

In civil life my illness would have cost me at least [illegible], but millions could not pay for the loving kindness and courtesy received all during that long illness, although being in the Army it did not cost me a cent and at the same time I was on full pay.

R. M. K.

Arizona

(We are informed that Miss K. was a member of the *Army Nurse Corps* for twenty-two years and was a chief nurse for twelve years, and was retired in 1929 after rendering efficient and devoted service to the Army. While Miss K. was retired prior to the enactment of the bill for retirement for disability because of twenty years' service she will receive a retired pay as long as she lives.—*Editor*.)

No More Nurses Needed

Please do not come to Tucson expecting to find work. Our Registry reports only six weeks of daily paid work each month. There are annually a [illegible] on the Registry as well and too many of the nurses are waiting for work.

Mrs. J. [illegible], R.N.,
Secretary, District 2,
Arizona State Nurses' Association.

Questions

Is there any advantage in putting student nurses in white uniforms?

There are many arguments pro and con. The superintendent of the Hurley Hospital, Flint, Michigan, gives the following figures on cost of laundering:

"To compile an actual comparison of the cost of laundering the old type uniform—blue dress, white apron, kerchief and cuffs—with a white uniform, we find it necessary to divide the process into two parts—that of the washroom proper and that of the finish work or ironing.

"In the past year 'blue outfits' were laundered for seven months, the remaining five months being on 'white outfits.' The average cost per month under the 'blue outfit' was [illegible]. This includes salaries, meals, office and general supplies, repairs and replacements, etc. As all clothes are weighed, it was found that 7 per cent of the clothes washed consisted of the 'blue outfits,' this making a cost of [illegible] for washing. In the last five months, the average monthly cost was [illegible]; 4 per cent of this was white uniforms, making a cost of [illegible].47 for the washing. This was a monthly saving of [illegible].11 in the washroom.

"For the finishing or ironing process, two methods can be used—complete machine ironing with a small amount of hand finishing, or ironing the white uniforms by hand to the waist line and completing them on the machine.

"In the ironing of the 'blue outfit' an average day's work was compiled, and we found that the complete cost of ironing was $.08 per [illegible]. In the press ironing and finishing by hand of the 'white outfit,' the actual cost was [illegible], thus showing a saving of $.04½ for each white uniform ironed, in comparison with that of the 'blue outfit.'"

In what states are New York State graduate nurses qualified to practice without obtaining a special license for a particular state?

New York *A. V.*

Each state has its own nurse practice act and a nurse is not really entitled to the use of the letters R.N. unless she has secured the license of the state in which she wishes to practice. Some of the laws are more carefully enforced than others. In Pennsylvania, for example, a nurse may not legally use the letters R.N. until she has been registered, by reciprocity or examination, in that state even though she may have been registered in more than one of the other states. Nurses should inquire of the secretary of the Board of Nurse Examiners of the state in which they wish to practice.

In what states is a graduate of a school of nursing in the state of Washington eligible for registration, either by reciprocity or examination?

N. Y. *S. L.*

There is no one source from which you can secure general information on this subject. It would be necessary for you to write to the Secretaries of the State Boards of Nurse Examiners in the states where you wish to register. When writing to them you should give the following information:

Name and address of the school from which you graduated.
Date of graduation.
Length of course in this school.
States in which you are registered with date of registration and registration number in each state.
How registered—*i. e.*, by waiver, reciprocity, examination, or special provision such as holding an honorable discharge from the Army or Navy.

Alma H. Scott,
Assistant Director, American Nurses' Association.

What Is the Cash Value of an Education?

EDUCATION pays in excellence and happiness of life; it also has a dollar value. The average life earnings of an elementary school graduate are $64,000; of a high school graduate, $88,000; of a college graduate, $144,000. *Review of Reviews*, November, 1928.—*Journal of the National Education Association*, October, 1929.

Miscellany

[illegible]

O[illegible] were in [illegible] of the [illegible] dependent, [illegible] unemployed, and [illegible] able economic circumstances, [illegible] whose employment history was unknown, [illegible] were dependent, [illegible] and [illegible] unknown whether dependent, [illegible] or comfortable. It will be observed that a large proportion of those addicted to the use of habit-forming drugs were irregularly employed, and on the whole a large proportion were either dependent or of [illegible] circumstances. It is generally recognized that the cost of drugs necessary for maintaining addiction tends to impoverish, not only the individual concerned, but his family as well. Drug addiction is, therefore, an economic problem.

The habitual use of alcohol is sometimes associated with drug addiction. In some instances excessive indulgence in alcohol is found in the early history of a proportion of drug addicts, but as a general rule the habitual use of alcohol is not associated with drug addiction. The individual who resorts to the excessive and habitual use of alcohol appears to be somewhat different in mental makeup from those who resort to narcotic drugs.

Like chronic alcoholism, narcotic drug addiction becomes established at a younger age than is generally supposed. Of 1,000 cases, in [illegible] cases drug addiction was established between the ages of [illegible] and [illegible], or [illegible] per cent, and of the total cases investigated [illegible] or 19 per cent, became established between the ages of [illegible] and [illegible], and 775, or 77 per cent [illegible].—"The [illegible] of Narcotic Drug Addiction," [illegible] Reports of the U. S. Public [illegible], March 14, [illegible].

Before the Flood

[illegible] S. H. LANGDON, Professor [illegible] Reader of Assyriology at the University of Oxford and one of the greatest [illegible] of modern times, lectured recently [illegible] Royal Society, London. He [illegible] at [illegible], and has brought to light [illegible] before and during the Flood, which took place [illegible] years before Christ.

One of the relics is a manicure set 5,500 years old, [illegible] made and much as modern ones are. There were the scissors, the [illegible], the powder puff and also the [illegible]. The lady who owned it lived and died before the *Flood* recorded in the Bible.

Wonderful toys were found that had been the property of the royal children and were discovered in the palace. Among them were [illegible] and beautifully [illegible] than can be bought today. A [illegible] of a [illegible] chariot drawn by [illegible] horses was [illegible] could not be [illegible] by modern [illegible].

Nearly all the writing found was [illegible], and the life of those people of nearly [illegible] years ago [illegible]

[illegible]

—[illegible]

Abstracts

Polypoid Sinusitis: G. Allen Robinson, M.D. The Treatment of Polypoid Sinusitis. (*New York State Journal of Medicine*, July 1, 1930.)

Polypoid sinusitis, or degeneration of the mucosa of the nose and accessory sinuses, is a pathological process frequently encountered and stubborn to treat. . . . The symptoms depend upon the extent and severity of the disease. Nasal obstruction, mucoid or muco-purulent discharge, headaches, loss of smell, bronchitis, and not infrequently asthma are the chief symptoms.

In the early stages of the disease with a few polyps present, conservative removal, including a small area of the surrounding tissue, may suffice. . . .

Radium and other physical agents have been used post-operatively in polypoid sinusitis with considerable benefit. The action of radium upon this pseudo tumor tissue is to produce a fibrosis in the sub-mucosa. . . .

SUMMARY

1. In a series of forty cases of polypoid sinusitis treated by radium, twenty-eight had previously received surgical intervention by partial or complete ethmoidectomy and [illegible].

2. Asthma, a complicating factor in nine cases, was controlled in seven.

3. The mucoid and muco-purulent secretions have been lessened.

4. Headaches have been relieved and in a few cases the sense of smell has returned.

5. Nasal polyps have been made to disappear and the interval between the recurrences has been lengthened.

[illegible] the World Banish Malaria?: [illegible], M.D. (*Scientific American*, [illegible].)

[illegible], and any method of [illegible] malaria and the blood-[illegible] by Dr. Theodore [illegible]

[illegible]

mosquito, feeds on the blood of man and the juices of leguminous plants. Alfalfa, clover, beans—all these and numerous others belonging to the leguminous family have in common a substance called coumarine, and when the anopheles mosquito feeds on these plants their juice neutralizes the noxiousness of the mosquito. It can no longer spread malarial fever. "Coumarine may play a rôle in the insects comparable to that which quinine plays in man," says the prominent Yale scientist d'Herelle.

The second part of the plan is to replace mosquitoes which suck the blood of human beings by mosquitos which suck the blood of animals only. There are some mosquitoes that do not sting man. There are also some mosquitoes whose larvae eat the larvae of another mosquito and in this way exterminate them from a given locality. M. Legendre has discovered a mosquito in Brittany—he calls it Breton culex—which crowds out another breed of culex mosquitoes by eating their larvae, and at the same time does not sting man, but only animals.

Dr. David Starr Jordan, former head of Stanford University and expert on mosquitoes in relation to malaria, states that "Dr. Krysto's suggestions may prove of tremendous worth to the world."

MARGARET OTIS, R.N.

Toxemias of Pregnancy: Hepatic Extract Treatment of Toxemias of Pregnancy. J. L. Reycraft, M.D. (*American Journal of Obstetrics and Gynecology*, June, 1930.)

We know that all cases of toxemia of pregnancy do not show evidences of nephritis. At least the urine does not contain casts of the kidney, and little if any albumin. According to the theory which has been advanced, such cases are due to the action of the toxin on the liver.

Why should the liver be implicated? Because it is known that the liver is the glycogen storehouse of the body or at least an important storehouse for glycogen, and it is found that the store has been depleted as shown by the presence of the very low or at least diminished blood-sugar content. . . .

In the series of [illegible] sidered sufficiently [illegible] cial form of treatment [illegible] mens with varying [illegible] fifty patients would [illegible] Twenty-seven were [illegible] were severe. About 40 per cent [illegible] showed little, if any, improvement [illegible] mately 60 per cent, the objective [illegible] were relieved and in 86 per cent of the cases the subjective symptoms were relieved. The one patient in this series who showed a tendency to autopsy had had a very large amount of hepatic [illegible] and on two occasions was on the verge of eclampsia. We feel that it is at least worthy of note that there were no degenerative changes in the liver.

We delivered forty living babies in this series, and seven of the stillbirths were premature babies, and most of these macerated. It will be noted that we were unusually fortunate in having eight living babies from the ten cases of eclampsia. Only four of the cases were frankly hepatic in type, two were mixed, and the remaining four were nephritic. There was some relief of the subjective symptoms in the nephritic cases after the administration of hepatic extract, but it had little influence upon the objective symptoms. In all but one of the hepatic cases relief was obtained both subjectively and objectively.

We feel as Titus does, that the blood-sugar curve is of prognostic value and have given glucose freely in all cases of impending eclampsia and in the majority of cases of actual eclampsia, in addition to giving liver extract.

It is our opinion that in liver extract, containing a minimum amount of nitrogenous elements, we have a valuable addition to our armamentarium in the treatment of toxemia of pregnancy, particularly in those cases which are not essentially nephritic in type.

Demonstration of a Patient Using an Artificial Larynx: G. B. New, M.D. (*Staff Meetings of the Mayo Clinic*, July 2, 1930.)

Among physicians in general, there is the impression that patients whom it has been necessary to subject to laryngectomy for carcinoma are morose and derelict, are unable [illegible]

[illegible] he [illegible]

The [illegible] the [illegible] Western Electric Company [illegible] and the sound is produced [illegible] the tracheal opening through the artificial larynx, causing a rubber band to vibrate. The other artificial larynx is made by the McKesson Appliance Company of Toledo, Ohio. This is a small, metal appliance in which a vibrating reed is used to produce the sound. The reed may be adjusted so that the pitch of the voice of the patient is high or low.

The patient I am presenting is a man, aged fifty-nine years, who underwent laryngectomy for a squamous-cell epithelioma, graded 3, about three years ago. He is a district insurance agent, and losing his voice would mean a great deal to him. By the aid of the artificial larynx he is able to carry on his insurance business just as satisfactorily as before the operation. In talking over the telephone, one would not know that the patient had an artificial larynx. The patient wears a metal cap over the tracheal opening in the neck. The cap is held in place by a button on its outer surface, to which the shirt is attached. This man, like most others in his condition, at present does not have to wear a tracheotomy tube, as the metal cap fits directly over the tracheal opening. The rubber tube from the metal cap is carried out through the pocket of his shirt, so that it is not at all noticeable. The distal end is placed at the angle of his mouth when he talks.

The patient demonstrated that he could talk distinctly and fluently, so that loss of his larynx has not interfered with his happiness or his livelihood.

News

... should be typed, if possible, double space, or written plainly, ... All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

Digest of Minutes of the Meeting of the Board of Directors, June 30, 1930

Resolutions

Resolutions were adopted by the Board concerning the death of S. Lillian Clayton, and that of Linda Richards. In referring to Miss Clayton's death, the Board described it as "the irreparable loss which has befallen the organization in her passing."

Unemployment

Unemployment, particularly in the private duty field, was a subject paramount in the minds of all. The opinion was voiced that the fact should be emphasized that two-thirds of the time of the staff at Headquarters now is being devoted to the problems of private duty nurses. A summary of the discussion at the Board meeting, it was voted, will be sent to the Executive Committee of the Registry Committee for consideration and recommendation.

Resolutions presented at the annual meeting of the New Jersey Hospital Association, May, 1930, were read. These related to the influx of nurses from other countries into the United States. Motion carried that through the International Council of Nurses and the *International Nursing Review*, notices be sent to the magazines of all countries outside the United States, to the effect that there is at present great unemployment among nurses in the United States, and that the nursing field in this country is overcrowded.

Because it was felt that the name "Registry Committee" is not sufficiently comprehensive to include all the activities that should come within the scope of such a committee (particularly in consideration of the function of the registry in its responsibility to the private duty nurse and to the un-nursed of the community), it was voted that the name "Registry Committee" be referred to the Committee on the Distribution of Nursing Service for consideration and recommendation.

Relief Fund

The following significant resolutions presented by the Relief Fund Committee were adopted:

"If the Relief Fund is *continued*, the Relief Fund Committee recommends that a committee be appointed (which may be the Relief Fund Committee) which shall be given authority to make a comprehensive study of our whole relief situation. This involves the permission to expend sufficient money from the Relief Fund itself to make a study possible.

"It recommends the appointment to the Committee (or advisory to it) of people who are qualified to suggest the best administrative and social practice.

"It further recommends the employment of a full-time person additional to the Headquarters staff, with social training and experience, who shall assume responsibility for the administration of the Fund in collaboration with the Committee.

"If it is voted to *discontinue* the Fund, the Relief Fund Committee recommends that the Committee be empowered to expend sufficient money from the Fund itself to study the situation in order to formulate some plan for meeting our already assumed obligations, to assist in making some constructive plan for the states which may desire to continue relief projects, and to get assistance and advice in helping the Committee to prepare their final recommendations for the use of or the disposement of the Fund itself."

I. C. N. Dues

The payment of dues to the International Council of Nurses is a national rather than a state responsibility from the standpoint of

organization. In emphasizing this matter, the Board voted that the states be requested not to [illegible] or other membership [illegible] tion, a [illegible] of dues [illegible] I. C. N. dues.

The Secretary read a letter to the Board from the Treasurer of the International Council of Nurses, acknowledging the payment of American Nurses' Association dues for 1930 to the International Council of Nurses in the amount of [illegible]. Since the [illegible] in dues from five to eight cents per capita had not been asked for until July, 1930, the International Council of Nurses' Treasurer stated that a part of the whole sum would be credited as a donation.

Because of the large amount of money involved in the I. C. N. dues under the new arrangement and because of the [illegible] steady growth in A. N. A. membership, the Directors voted that a [illegible] be sent to the International Council of Nurses asking that, at the next meeting of that body, there be brought up for discussion the matter of placing a limit upon the amount of dues to be expected from any member association of the International Council of Nurses.

Programs for State Meetings

Every year invitations come to national officers and to members of the Headquarters staff to speak at state meetings. These invitations are greatly appreciated, but there always is the difficulty of arranging the routing for the speakers. [illegible] from neighboring states, but there is such an interval between dates of meeting that it is necessary to make two trips if the speaker is to be present at both meetings. Often there are duplications in dates, and [illegible] it is very difficult to arrange travel schedules for the nurses who go out into the field to speak at state meetings. For this reason the Board voted that a [illegible] to the states through the A. N. A. [illegible] If state associations will arrange their [illegible] well in advance, and will co-operate with their neighboring state associations so that the dates of meetings may be as nearly the same time, it will greatly facilitate the [illegible] the national speakers [illegible] possible [illegible] to divide the cost [illegible] pro rata basis among the states which [illegible] have shared the expense of travel which, otherwise, the state association would have to bear alone.

Health Council Speakers

In this matter of program building, the Board voted also that "state associations [illegible] programs for their annual meetings be informed of the opportunity to utilize speakers furnished by the [illegible] Hygiene Association and other members of the National Health Council on subjects pertaining to the activities of their respective organizations at no cost to the American Nurses' Association, or to the states, other than that of the necessary correspondence."

Concerning Sections

Following discussion of a request that the Board consider the advisability of revising the by-laws to permit the [illegible] representation on the Board of Directors of Section chairmen, a motion was carried, that to accede to this request would be to increase the Board to unwieldy proportions and would place upon the Board of the American Nurses' Association [illegible] where the delegates would not have had the opportunity to elect. In taking this action the Board "was not unmindful of the many problems involved, but its members [illegible] the [illegible] of the profession [illegible] break down 'section labels' and substitute 'subject [illegible]', in other words, work toward one organization discussing problems common to all."

Resolutions from the Private Duty Section were presented to the Board, which referred them to a committee to be appointed by the Chair, with the provision that the President be a voting member of the Committee, and that the Director at Headquarters also be a member of the Committee.

Divisions

Not only the A. N. A. Sections received attention at the June Board meetings. The Division [illegible] was [illegible] by the Board [illegible] on the [illegible] of the Division [illegible] It was [illegible] [illegible]

Membership Campaign

The Board voted that some form of [illegible] [illegible] during the 1931 membership campaign.

Automobile Insignia

As there seems to be no advantage in having automobile insignia for nurses, as requested by several A. N. A. members, it was recommended by the Headquarters Committee, and ratified by the Board, that it be suggested to such members that the question be taken up with their individual state associations.

Cancer Information

Upon action of the Board, a letter will be sent from Headquarters to the states informing them of the availability of leaflets on the subject of cancer. These will be sent at no cost, and upon request made to the American Association for the Control of Cancer, under whose auspices the leaflets are prepared and distributed.

Institute in West

The Board voted that the Director at Headquarters be authorized to arrange for an Institute for state and district executive secretaries in the Western states, including the Mountain and Pacific states area.

Other Topics

The Board also endorsed "the establishment of a nurse corps in the United States Public Health Service." It heard with pleasure the reading of a letter announcing the passage of a Nurse Registration Act in Porto Rico. "The communication of the A. N. A. President to the Porto Rican Governor recommending the passage of the Bill, no doubt influenced him," the letter stated.

Nurses' Relief Fund

Report for Month Ending July 31, 1930

Receipts

Interest received on investments	$951.25
Interest received on bank balance	137.40

Contributions

Alabama: District 7	1.00
California: State Nurses' Assn.	38.50
Illinois: District 1, alumnae associations— [illegible]	185.50
Minnesota: District 2, alumnae associations— [illegible] $15; individual members, $11; District 6, St. Olaf, $17; District 7, Fergus Falls, $13; District 8, Montevideo, $20	$855.50
Missouri: District 1, Missouri Methodist Alumnae Assn.	4.00
New Jersey: District 1, Orange Memorial Alumnae Assn.	2.00
Oklahoma: District 2, $5; District 3, $7	12.00
Texas: District 16	1.00
Vermont: State Nurses' Assn.	62.00
Wisconsin: District 1, Kenosha-Racine, $41; District 4 and 5, St. Mary's Alumnae Assn., $64; individuals, $7; District 7, $173; District 8, $47.50	332.50
Total contributions	$1,494.00
Total receipts	$2,582.65

Disbursements

Paid to 191 applicants	$2,697.00
Salaries	811.65
	$3,508.65
Excess of disbursements over income for month ending July 31, 1930	$926.00

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association, Headquarters, 370 Seventh Avenue, New York City.

The Isabel Hampton Robb Memorial Fund

Report to August 4, 1930

Previously acknowledged	$35,096.62

Contributions

Iowa: District 12, $5; Mercy Hospital Alumnae, Davenport, $5; Benjamin Hershey Hospital Alumnae, Muscatine, $2.50	12.50
Massachusetts: Hampshire County Branch	10.00
Minnesota: District 3	10.00
New Hampshire State Association	5.00
Rhode Island: Rhode Island Hospital Training School, Providence	5.00
Vermont State Association	10.00
Total	$35,149.12

Mary M. Riddle, *Treasurer.*

The McIsaac Loan Fund

Report to August 4, 1930

June 12 (last report), Balance	$1,033.72
Contributions	
Iowa: District 12, $5; Mercy Hospital Alumnae, Davenport, $5; Benjamin Hershey Hospital Alumnae, Muscatine, $2.50	12.50
Massachusetts: Hampshire County Branch	10.00
Minnesota: District 3	10.00
New Hampshire: State Association	5.00
Vermont: State Association	10.00
	$1,081.22
Disbursements	
Loan made	100.00
August 4, Balance	$981.22

($900 of this amount is being sent to candidates whose applications for loans have been approved.)

Mary M. Riddle, *Treasurer.*

Army Nurse Corps

During the month of July, 1930, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Fort Benjamin Harrison, Ind., 2nd Lieut. Anna L. Slater; to the General Dispensary, Boston, Mass., 2nd Lieut. Bernice Campbell; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Bridget A. Mullaney, Mary Beasley; to Fort Sam Houston, Texas, 1st Lieut. Lyda M. Keener; to the Hawaiian Department, 2nd Lieut. Minerva Musselman.

Six have been admitted to the Corps as Second Lieutenants.

The following are under orders for separation from the Corps: 2nd Lieuts. Thelma A. Kissel, Mildred A. Busch, Esther C. Dennis, Theresa M. Martinez, Kathryn G. Zink, Lillian Y. Green, Bessie F. Walmsley, Grace E. Housel, Elva L. Schiltz, Sadie M. Zum Brunnen, Alice Buchols, Leona Klingerman.

Julia C. Stimson,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

Report for July, 1930

Appointments: Six.

Transfers: To Annapolis, Md., Hazel M. Parks; to Chelsea, Mass., Laura Hartwell; to Fitzsimons General Hospital, Denver, Colo., Grace A. Tucker; to Great Lakes, Ill., Sibyl M. Ackley, Marie C. Boyle, Elizabeth M. O'Brien; to League Island, Pa., M. Winifred March; to Mare Island, Calif., Mary G. Boyce, Ruth Ingram, Sallie Gee Wright; to New York, N. Y., Lillian May Adams; to Philadelphia, Pa., Aircraft Dispensary, Eva B. Moss; to Portsmouth, N. H., Mary M. Hook; to U. S. S. Relief, Sarah L. Hart; to San Diego, Calif., Nell L. Dimert, Nellie M. Alexander, Ruth Abrams, Beulah Taylor, Marjorie C. Wheeler; to San Pedro, Calif., Naval Dispensary, Eunice A. Ryan; to Tutuila, Samoa, Mary J. Jones; to Washington, D. C., Gladys M. Newell, I. Constance Smith.

Separated from the Service: Carolyn Bauerman, Kathleen C. Fitz Simons, Elva M. Foulk, L. Gertrude Jetton, Ruth F. Snell.

J. Beatrice Bowman, R.N.,
Supt., Nurse Corps, U. S. Navy.

U. S. Public Health Service

The following transfers, reinstatements, and new assignments have been made in the U. S. Public Health Service during the month of July, 1930:

Transfers: To Boston, Mass., Mary Isabel Andrews; to Buffalo, N. Y., Laura Wurn; to St. Louis, Mo., Freda Still; to Cleveland, Ohio, Rose Mae Vann, Leona Davis; to San Francisco, Calif., Edna Wold; to Pt. Townsend, Wash., Hanna Holmquist.

Reinstatements: Katherine O'Hare, Madeline Allen, Elizabeth Batten.

New Assignments: Mae Gambino, Mary Elizabeth Hull, Mary Dowling, Helen McGuire, Martha Allison, Edla Bylin, Florence Cornell, Rose Fithian, Novena Morse, Nellie Zipperer, Lois Morgan, Eleanor Abbott, Othilia Martes, Elsie Henry.

Lucy Minnigerode,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

Report of Nursing Section, July, 1930

Consolidation of the agencies dealing with veterans' affairs was accomplished during the month of July, 1930. The veterans wanted it, Congress wanted it, the President was understood to be in favor of it and the passage of the law dealing with the world's largest and greatest veterans' organization was expedited. Never before has a measure of such importance been pushed to such a prompt conclusion. The final steps were

taken and unprecedented speed was made possible by the recommendation of President Hoover.

On July 23, Brig. Gen. Frank T. Hines, Director of the Veterans' Bureau, took the oath of office as Administrator of Veterans' Affairs. He immediately designated Edward W. Morgan as Acting Commissioner of Pensions; Col. George E. Ijams as Acting Director of the Veterans' Bureau, and Gen. George H. Wood as President of the Board of Managers of the national soldiers' homes. These are the different agencies consolidated by the new arrangement. Under it General Hines will have charge of expenditures for veterans approximating $800,000,000, yearly. The largest hospitalization program ever known in the world will be carried on by this organization.

The Edward Hines, Jr., Hospital, Hines, Ill., was visited by the Superintendent of Nurses, Mary A. Hickey, during the past month, for the purpose of supervising the nursing activities. The main building of this hospital is the largest single fireproof hospital building in the world. This building was erected through the largest single monetary contribution that a citizen ever made to the United States Government,—that is about $2,000,000. This was given by Edward Hines, Sr., as a memorial to his son and namesake, who died in service during the World War. The Chicago regional office facilities have been combined with this hospital, to accomplish increased convenience of service to the veterans.

During the month of July, 1930, the following-named nurses have been reinstated: Gertrude Smith, Marie Taylor, Mary E. O'Connor, Hannah Flahive, Amelia Eggena, Florence Hagberg.

Assignments: Forty-five.

The following have been separated from the service: Anna M. Aul, Sarah S. Brill, Anna T. Christiansen, Rule P. Daniel, Elizabeth S. Des Rochers, Florence Eltinge, Grace K. Fairman, Hannah Flahive, Mame P. Freeman, Mabel Olive Gould, Sally H. Gravely, Winifred Hussey, Anna Jester, Ethel Keltner, Mary T. Kiley, Myrtle Lerrick, Bertha Lie, Clara Nee, Elizabeth T. Norris, Helen G. Petersen, Catherine E. Quinn, Lura J. Ray, Bertha C. Radloff, Sarah E. Rollings, Adeline Rossler, Regina Russell, Amy Schreiber, Mary W. Shay, Odessa Sheppard, Hazel S. Sinclair, Mary H. Twibell, Gladys Varney, Mary Williams.

Transfers: To Edward Hines, Jr., Hospital, Hines, Ill., Elizabeth Dooley; to Atlanta, Ga., Willie Bailey, Emily Crawford, Winnifred Kemp, Letha Hicks, Ethel M. Lee, Verna McGee, Roxie Stewart, Alline Thompson; to Whipple, Ariz., Jessie Pearce; to Jefferson Barracks, Mo., Margaret Bowen; to North Little Rock, Ark., Helen Addis; to Castle Point, N. Y., Mabel Gholston.

MARY A. HICKEY,
Supt. Nurses, U. S. V. B.

U. S. Indian Service

During the month of July, the following changes took place in the nursing personnel of the Indian Service:

Appointments: Eleven.

Separations: Two.

Transfers: To Tacoma Hospital, Washington, Mrs. Beulah E. Swope.

ELINOR D. GREGG,
Superintendent of Nurses.

American Protestant Hospital Association

TENTH ANNUAL CONVENTION, NEW ORLEANS, LA., OCTOBER 17–20, 1930

First Session, October 17, 2 p.m., registration at headquarters, Hotel Roosevelt Auditorium; convention called to order by the President, Rev. Luther G. Reynolds, Superintendent, Seattle General Hospital, Seattle, Wash. "The Duty of the Hospital to the Intern, and the Intern to the Hospital," B. A. Wilkes, M.D., Superintendent Hollywood Hospital, Hollywood, Calif. "The Medical Staff in Relation to Interns," T. Rustin Heath, M.D., Superintendent Bethany Methodist Hospital, Kansas City, Kans. Round Table-Subject, "Interns," conducted by J. H. Musser, M.D., Professor of Medicine, Tulane University Medical College, New Orleans. Reports of committees.

Second Session, 8 p.m., "The Perennial Program and Association's Objective," Dr. Frank C. English, Executive Secretary, Hyde Park, Cincinnati, Ohio. "Ten Years of the American Protestant Hospital Association," Dr. Herm. L. Fritschel, Association Historian, Superintendent, Milwaukee Hospital, Milwaukee, Wis. The President's Address, "The Spiritual Impact of the Modern Hospital," Rev. Luther G. Reynolds, Seattle General Hospital.

Third Session, October 18, 9 a.m., "Record Librarians," Betty Gray, R. L., Knoxville

General Hospital, and Southern Field Representative of the Record Librarian's Association. Round Table—Subject, "Case Records," conducted by Superintendent Paul H. Fesler, University of Minnesota Hospital, Minneapolis, Minn. "Practical Economics in Hospital Administration," Superintendent E. E. King, Missouri Baptist Hospital, St. Louis, Mo. "Where Would You Look for Applied Hospital Economy?" John H. Olsen, Business Director, Richmond Memorial Hospital, Prince's Bay, Staten Island, N. Y. Round Table—"Foods, Dietetics, Nursing Problems, Etc.," conducted by Superintendent George D. Sheats, Baptist Memorial Hospital, Memphis, Tenn. Reports of Treasurer and committees. Afternoon, recreation and sightseeing.

Fourth Session, 7 p.m., annual banquet, Hotel Roosevelt, E. S. Gilmore, Toastmaster.

Fifth Session, October 19, 2 p.m., "Functioning and Place of the Church Hospital in the Care of the Sick," Superintendent Philip Vollmer, Jr., Fairview Park Hospital, Cleveland, Ohio. An Open Forum on "Church Hospital Relations." Group Meeting of Denominational Representatives, 8 p.m., "The Presbyterians and Their Hospital Activities," by an outstanding church leader. "The Length and Breadth and Depth of Our Interest," Sermon—Address, Bishop H. Lester Smith, D.D., LL.D., Resident Bishop Chattanooga Area, Methodist Episcopal Church.

Seventh Session, October 20, 9 a.m., Activities of Public Relations Committee; Chairman, Matthew O. Foley, Editor "Hospital Management." "Educational Interests in the Modern Hospital," Rev. J. A. Diekmann, Superintendent, Bethesda Hospital, Cincinnati, Ohio. "The Increasing Cost of Medical and Hospital Care," Willard C. Stoner, M.D., Medical Director, St. Luke's Hospital, Cleveland, Ohio. "Trends in Schools of Nursing," Mrs. Janet [illegible] Korngold, R.N., Director School Nursing, Touro Infirmary, New Orleans. General Round Table conducted by Robert Jolly, Superintendent Baptist Hospital, Houston, Texas. Election and closing business.

Institutes and Special Courses

Missouri: Kansas City.—The three weeks' Institute, arranged by the Kansas City League of Nursing Education, was held at St. Mary's Hospital Nurses' Home, June 16 to July 3, with Mary E. Gladwin as chief lecturer. The Institute was highly successful from the standpoint of the excellent material which was presented as well as the very good attendance throughout the course.

Miss Gladwin gave the same lecture twice daily, in the afternoon and evening, to permit nurses on duty to alternate in attendance. Her subjects were: "Education, Its Concepts and Purposes"; "Educational Tools"; "Administration and Organization of Schools of Nursing"; "The Curriculum"; "Ward Administration and Supervision"; "Methods of Study and Teaching"; "Recitation, Lectures and the Project Method"; "Group Nursing, General Duty, Private Duty"; "Examination, Tests, Scoring"; "Mental Tests"; "Records." Round table discussions were led by Miss Gladwin, Esther Dunn, Cecilia French, Anna Anderson and Anne M. White. Outstanding papers were given by Henrietta Froehlke on "Nursing School Management"; Phyllis Dacey on "Public Health Nursing"; a study on "Rural Public Health Nursing" by Helene Dunham, and the report of research work in Luetic Clinics prepared by Emma Smith. A bag demonstration in public health nursing was given by Mrs. Edith Watkins, and nursing demonstrations were given on different days by the students of the Schools of Nursing of Bethany, Research, Bell Memorial and St. Luke's Hospitals. An interesting and instructive lecture, with pictures, was given by Dr. Katherine Richardson, Supervisor of Children's Mercy Hospital, on the subject of "Cleft Palate and Harelip."

The League is already planning another Institute for next year. It might be added for the benefit of others considering such a project that the Institute, by a charge of $10 for a course ticket for two persons, or 75 cents for a single lecture, more than covered the expenses, and the benefits gained were worth many times over the efforts put into the Institute.

Tennessee: Nashville.—Vanderbilt University School of Nursing announces the opening of its Public Health Nursing Course on September 22, with the following curricula offered to graduate nurses: (1) A four years' program of study leading to a Bachelor of Science degree (academic credit will be granted for the course of study completed in the hospital school of nursing). (2) A nine months' program of study leading to a certificate. For information address the Dean of Vanderbilt University School of Nursing, Nashville, Tenn.

Wisconsin: An Institute on Supervision, sponsored by the Educational Committee of the Wisconsin State League of Nursing

[illegible] in cooperation with the Bureau of Nursing Education, State Board of Health, was held in the Nurses' Dormitory, University of Wisconsin, Madison, July 14–19. The program included five lectures on "Psychology" by Dr. Kimball Young, Professor of Social Psychology, University of Wisconsin; five on "Public Health Nursing" by Clara B. Rue, Educational Director, Milwaukee Visiting Nurse Association; five on "[illegible]" by Deborah MacLurg Jensen, School of Nursing, Washington University, St. Louis; two on "Sociology" by C. L. Dedrick, Instructor of Sociology, University of Wisconsin. The following subjects were also discussed: "Adult Education," Dr. William H. [illegible], University of Wisconsin; "Relation of Student Selection to Occupational [illegible]," Dr. A. H. Edgerton, University of Wisconsin; "Value of the League to Supervisors," H. Lenore Bradley, Mt. Sinai Hospital, Milwaukee; "Value of Nurses' [illegible]," Dr. Malcolm T. MacEachern, American College of Surgeons; "Relationships of Supervisors," Clara M. [illegible], Mt. Sinai Hospital, Milwaukee. Although the Institute was held for supervisors, especially, it was attended by instructors, superintendents, public health and private duty nurses, one hundred in all. Conferences were held, and a round table on "Charting" by Miss [illegible], Assistant Director of the Bureau of Nursing Education. Interesting graphs and charts of the nursing schools of the state showed the average number of patients daily in each hospital, the number of students, graduate supervisors, instructors, and the percentage of students with high school education. Last year, [illegible] per cent of the students entering the schools of the state were high school graduates. The Third District Association entertained the delegates. Another Institute will be held next year.

State Boards of Examiners

Alabama: An examination for registration of nurses will be held at the State House, [illegible], October 17 and 18. All applications must be completed and in hands of the Secretary, [illegible] C. [illegible], by October 1.

Colorado: The Colorado State Board of Nurse Examiners will hold an examination in the State Capitol Building, Denver, on October [illegible]. For further information apply to [illegible], Secretary, Capitol Building, Denver.

Maine: The annual examination for registration of nurses will be held at the State House, Augusta, Maine, on the third Wednesday in October. All applicants who desire to be registered at this time must file application, with fee, with the Secretary, Theresa R. Anderson, Box 328, Bangor, Maine, before October 1.

Minnesota: The Minnesota State Board of Examiners of Nurses will hold examinations on Thursday and Friday, October 30 and 31, beginning at 9.00 a.m., in St. Paul, at the New State Capitol, Duluth, at St. Mary's Hospital, Rochester, at St. Mary's Hospital, Crookston, at St. Vincent's Hospital. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Leila Halverson, R.N., No. 207 Old State Capitol, St. Paul, by the sixth day of October, 1930.

Missouri: The Missouri State Board of Nurse Examiners will hold an examination in St. Louis and Kansas City, September 19 and 20. Jannett G. Flanagan, Secretary.

North Dakota: The North Dakota State Board of Nurse Examiners will hold the fall examinations in Bismarck and Fargo, N. D., October 7 and 8. Applications must be in the hands of the Secretary at least ten days prior to the examinations. For further information, address the Secretary, Mildred Clark, Devil's Lake, N. D.

State Associations

California: The California State Nurses' Association, the California League of Nursing Education, and the California Organization for Public Health Nursing held jointly their annual conventions in San Diego, July 7 to 11. This convention took on somewhat the features of a navy convention from the fact that it was held at an important naval base on the Pacific Coast, where there is also a naval hospital, and one of the accredited schools for the Naval Hospital Corps. Through the kindness of the Secretary of the Navy, the hospital ship *Relief* was sent to San Diego for the week of the convention, which is but the second time this has been done, the first time being at Portland in 1920 for the American Medical Association. Notwithstanding that Summer Session at Los Angeles was in full swing, with many nurses attending, also that San Diego is at the extreme tip of California, there was an attendance of nearly five hundred. The convention was characterized by several

outstanding features aside from the attractions of San Diego.

Two new districts were received, which increases the number of districts to twenty-six. A trophy was presented for the first time to the district having the largest percentage of increased membership for this current year. This was won by the hostess district, No. 5, San Diego. The trophy is the Nightingale lamp, beautifully hand wrought in hammered copper; it will be awarded at each annual meeting to the successful district.

The office nurses, as an organized body in District 5, made their initial bow in a conference luncheon during which a paper was given conveying amongst other ideas that through organization of office nurses the ideals and aims of the profession might be given to physicians with whom office nurses come into contact in their daily work, thereby assisting private nurses in their quest for more reasonable hours of duty, in legislative work and other nursing projects, where physicians are an active part. This convention was also outstanding in its exhibits. Particular mention should be made of the excellence of the work of the hospital corpsmen, and the official registries, the former demonstrating the work of the Naval School and the latter supply, demand, and distribution of graduate nurses in the various areas covered by the official registries. The range of exhibits was wide and of purely professional and nursing type. No commercial exhibits were allowed.

As in all such gatherings, much work was done at breakfasts, luncheons, and dinners. The Program Committee had been generous in time, allowing four meetings for the House of Delegates, with the result that the business of the organization was given ample attention and considerably taken care of.

The general session on Tuesday afternoon was most worth while. A paper on "Mental Hygiene" by Ruth Wheelock, Director, Riverside Junior College School of Nursing, was presented and ably discussed. "The Health of the Student Nurse," dealing with her observations made in studying the health attention in California schools of nursing, by Ethel Fisher, was of unusual interest. Miss Fisher's wide experience in dealing with the tuberculosis question in California made her observations and recommendations doubly valuable to those who are responsible for the health program of student nurses.

Everyone who went to the League dinner on Tuesday evening had a good time. As Anne Williamson, the genial toastmistress said, it was a time for light-heartedness and fun. No one could have better fitted into the occasion than Dr. Frederick Woellner, Professor of Education, University of California, Los Angeles, the speaker of the evening. Dr. Woellner spoke on "Temperaments," and while few knew what temperament was before he started, all enjoyed many hearty laughs while he was educating them on the subject.

Too much credit cannot be given to the individuals and schools responsible for the League exhibit. "Toys" was the central theme around which the exhibit revolved. Many of these toys were things of beauty and instructive and useful as well as beautiful. Special mention should be made of the sketches and pen-and-ink drawings made by the students of the Naval Hospital Corps of the Naval Hospital, San Diego.

Dr. Walter M. Dickie, Director, California Department of Public Health, gave an excellent paper on the Crippled Children's Act in California. In his discussion of poliomyelitis, Dr. Dickie stressed especially the fact that massage and manipulation should not take place until all swelling and inflammation have subsided. Dr. Alexander M. Lesem, county health officer of San Diego County, was the principal speaker at the Wednesday morning breakfast. Dr. Lesem presented in a concise and forceful way the subject of nurse education for the public health nurse. He believes that more of the nurse's time should be spent in the home and less of it in the clinic. He stressed the fact that the quality of a visit is of the utmost importance and that we have been inclined to emphasize rather the quantity of visits. The afternoon session was conducted jointly with that of the private duty group. The economics of nursing was ably discussed by Mrs. M. G. Lusk, of the University of California. Dr. H. K. Cohen, who is associated with Dr. William Englebach in his research on endocrinology, showed some interesting slides on the influence of glands in growth and development.

The Thursday morning breakfast for school nurses was well attended, and the subject of the school nurses' place in the field of education provoked considerable discussion. The [illegible] At [illegible] a few [illegible].

Edna A. [illegible] Hospital, [illegible], was elected president of the California League of Nursing Education. There was

no other change in the state officers. The Association starts its twenty-eighth year with the guarantee of fine leadership in its many projects outlined for this period.

Indiana: Among the speakers who will appear on the program at the annual meeting of the Indiana State Nurses' Association, to be held at West Baden Springs, September 26 and 27, are the following: Anna Heisler, Professor of Public Health Nursing, Washington University, St. Louis, whose subject will be: "What More Does a Public Health Nurse Need to Know"; Ruth Waterbury of the Metropolitan Life Insurance Company; Mary M. Roberts, Editor of the *American Journal of Nursing*. Some of the subjects to be discussed are: "Experiments under Way in Hourly Nursing," "Saving Schemes," "Plan of Relief Giving," "What Shall I Read?" "How to Tell It to the Public," "Probable Results of the Grading Committee," "Records for Schools of Nursing." There will be two luncheon round tables—one for presidents, secretaries and treasurers of district and chapter associations on Friday, September 26, and one for industrial nurses on Saturday, September 27. Some unusual films will be shown as another feature of the program. Elizabeth Landon, Assistant Director of Public Health Nursing, as chairman of the exhibits, is planning something extraordinary.

Kansas: The Kansas State Nurses' Association will hold its annual meeting in Manhattan, October 8–11.

Louisiana: The annual meeting of the Louisiana State Nurses' Association will be held October 30 and 31, at the Virginia Hotel, Monroe, preceded by a meeting of the Advisory Council and the Board of Directors on the afternoon of October 29. Nurses are requested to make reservations early.

Minnesota: The annual meetings of the Minnesota State Registered Nurses' Association, the Minnesota State League of Nursing Education and the State Organization for Public Health Nursing, will be held in St. Paul at the St. Paul Hotel, October 15–17. The Minnesota State Registered Nurses' Association will celebrate the 25th anniversary of its organization by special features on the program, honoring the charter members and inspiring the younger ones. The program will be published in the October *Journal*.

New York: The annual meeting of the three New York State Nursing Organizations will be held in Syracuse, October 21–23, at the Hotels Syracuse and Onondaga. Subjects of interest to every group will be presented by: Dr. Allan Craig, formerly an Associate Director of the American College of Surgeons; Elinor Gregg, Supervisor of Nurses, U. S. Indian Service; Amelia Grant, Louise Knapp, Mrs. Linsee Blagden, Mabelle S. Welsh, of New York City; Mary E. Gladwin, of Akron, Ohio; Gladys Sellew, Instructor, Cook County Hospital School of Nursing, Chicago; Emma Grant Meader, Ph.D., Troy; Mrs. Rossale McKinney, Brooklyn, and Dorothy Deming of the *Public Health Nurse*. Among the subjects to be discussed will be supervision, group nursing, publicity and the Relief Fund. The Private Duty nurses will meet to form a section. Oxygentherapy and a portable bed tent will be demonstrated. Breakfasts and luncheons have been arranged for the various groups, as well as visits to hospitals and public health center. Hotel reservations should be made early. Reduced railroad rates will be available.

South Dakota: The fourteenth annual convention of the South Dakota State Nurses' Association was held in Rapid City, July 28–30, with headquarters at the Alexander Johnson Hotel.

Monday morning was devoted to registration and board meeting. A general session was held in the afternoon, with the following program: Address of welcome, Carrie Clift, Rapid City; response, Mrs. Anna Haugan Berdahl, Sioux Falls; address, Mary E. Gladwin, Akron, Ohio. The latter part of the afternoon was given over to the Private Duty Section. A paper on "How Hourly Nursing Fills a Long-Felt Need in Homes, and Bag Technic of the Hourly Nurse" was presented by Gertrude Thompson, Watertown. A talk on "What the *Journal* Means to the Private Duty Nurses" was given by Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*. All were delightfully entertained at the Rapid City Country Club in the evening.

Tuesday morning the Public Health Section presented the following speakers: Mrs. Walter McNab Miller, American Child Health Association, Washington, D. C., "May Day"; Mildred Smith, American Association for the Prevention of Blindness, New York City, "Eye Conservation"; Bessie Nichols, Field Representative of the Red Cross Nursing Service. Florence E. Walker, President of the South Dakota State Nurses' Association, gave a report of the Biennial Convention held at Milwaukee. The afternoon session was in the form of a business meeting and election of officers. The following officers were elected: President, Florence

[illegible]

The convention was brought to a close after a short business meeting.

Wyoming: [illegible]

[illegible]

Districts and Alumnae News

Alabama: [illegible]

[illegible]

[illegible] Hospital was held July [illegible] Y. W. C. A. The subject of the [illegible] "Being up to Date in Nursing [illegible] Procedures," and the following [illegible] given: "Sodium Amytal," Mrs. [illegible] Vance; "Psittacosis," Jessie Mae [illegible] Fever," Vera Mae Ridgeway. [illegible] of the several papers, [illegible] the question of employing married [illegible] general study of the *American Journal of Nursing*, and use of the daily [illegible] as a widening factor in every-day [illegible] than nursing, was discussed by [illegible]

[illegible] Springfield.—To earn their quota for the [illegible] Committee Fund the nurses of District [illegible] presented The Saroff Marionettes at an [illegible] evening performance August 1. [illegible] Hospital Alumnae Association [illegible] for selling the most tickets.

[illegible] District 1, Asheville, held a [illegible] on July 9. Some readjust- [illegible] to alumnae representation on the [illegible] Board were suggested and [illegible]. Two additional members were [illegible] the private duty nurses [illegible] were not affiliated with [illegible] Association. Articles from the [illegible] of the *American Journal of* [illegible] Problems were read by [illegible] out active discussion. [illegible] feature of the meeting [illegible] and interesting [illegible] Convention in Mil- [illegible] District [illegible] Hospital Alumnae [illegible] meeting on July 21 when [illegible] reported that [illegible] had been [illegible] entertainment given for the [illegible] members. Resolutions were [illegible] of the incoming [illegible] "little sisters" [illegible] and to have a member of [illegible] give special instruc- [illegible] Class each year on "Alum- [illegible]." The new copies of the [illegible] were distributed.

[illegible].—The regular meet- [illegible] was held July 11, and the [illegible] elected: President, Mrs. J. [illegible] president, Mrs. M. Fitzpatrick; [illegible] C. [illegible] secretary, Lucille [illegible]

A Correction

[illegible] M. GRENNAN, whose [illegible] was reported in the [illegible] to correct the statement made in that issue to the effect that she is Superintendent of Nurses at the Mary Johnston Hospital in Manila, P. I. Miss Grennan is responsible for the educational program of the nursing school in the Mary Johnston Hospital, a position which carries the title "Principal of the School of Nursing."

[illegible]

Deaths

Eva Cunningham (class of 1897, Memorial Hospital, Brooklyn, N. Y.), on August 1, at Savannah, Ga. Miss Cunningham was a charter member of the Georgia State Nurses' Association and was for many years a private duty nurse. During the past ten years she had done public health nursing and endeared herself to many associates. She will be missed in and out of the profession. Her fortitude in suffering evidenced the same stalwart qualities that she exhibited through her long and useful life.

Ella M. Johnstone (class of 1898, Christ Hospital, Jersey City, N. J.), in June, at Savannah, Ga. Miss Johnstone was a charter member of the Georgia State Nurses' Association and the first President of the Board of Nurse Examiners of Georgia. As private duty nurse, as nurse at the Fresh Air Home during many summer sessions at Tybee Island, and as resident nurse for the Western Union Telegraph Company, Miss Johnstone's services were kindly and thorough. Her many friends among nurses and patients will miss her counsel and presence.

Minnie A. Lecey (class of 1904, Orange Memorial Hospital, Orange, N. J.), on July 9, at Montclair, N. J. Following post-graduate work at the California Hospital, Miss Lecey spent thirteen years in nursing and observation work in Paris, London, and Dublin, later studying at the Pasteur Institute in Paris and St. Mary's Hospital, Paddington, London. On her return, she became associated with the Baldwin Street Community House, Montclair, and devoted sixteen years to its welfare problems. Miss Lecey was a pioneer in Americanization work in Montclair, leading many movements to bring about better home conditions in the congested sections of the city. The scope of her efforts touched the lives of thousands, bringing charitable aid, counsel and assistance in the solution of social problems.

Ethel M. Martin (class of 1918, Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa) on July 23, in Los Angeles,

[illegible]

The Nurse Herself

[illegible]

About Books

Essentials of Pediatric Nursing. By Ruth Alice Perkins, R.N. 364 pages. Illustrated. F. A. Davis Company, Philadelphia. 1930. Price, $2.75.

THE word "essentials" in the title of this book gives the keynote to its content. It is selective rather than comprehensive. The author limits her content to what she feels can be covered in a twenty- or thirty-hour course. From the topics which are suitable for treatment, she selects those she deems most important for detailed description and passes briefly over the others. The last chapter in the book contains two outlines for courses of teaching in Pediatrics, one for a twenty-hour course and one for a thirty-hour course. The content of the book is well adapted to meet the needs of the outlined courses.

There are twenty-one chapters in the book. Of these, five are devoted to nutrition; two to psychology; one to the teaching program; one to the care of premature infants; eight to the general children's diseases. The diseases are classified into separate chapters according to type. After each chapter are five to ten excellent references to well-known pediatric textbooks, periodicals, and recent books on mental psychology and sociology. Also at the end of each chapter are given seven thought-provoking questions or problems related to the content of the chapter.

[illegible] outstanding characteristic of this book is the constant reference to the psychological aspects of each phase of the work, with innumerable practical suggestions which are interestingly and forcibly presented and which the student should be able to use on the wards. In the two chapters definitely devoted to psychology, are described eight types of children with practical suggestions as to how to deal with them and favorably to modify their behavior. Enough illustrations are given of standardised tests to give the student an intelligent understanding of the meaning of the "mental age" and the method of determining it.

Of the five chapters devoted to nutrition, one contains over fifty well-selected recipes which give not only ingredients but specific directions as to method of preparation. They cover infant feeding and the preparation of vegetables, meats, fruits, and desserts for infants and children of all ages. The author designed this chapter to be of special help to private duty nurses. The other chapters have the usual content with excellent suggestions as to the preparation and arrangement of trays for older children and the psychological aspects of feeding them. The chapter on nutrition in infancy seems to pass very lightly over the formula for a well baby, being illustrative and explanatory rather than giving adequate directions for computation. It is implied that the only reason for a nurse learning to compute a formula would be to prescribe feedings, which is outside her province. This seems inconsistent in view of the fact that very specific

[illegible]

[illegible]

[illegible] for [illegible] simple [illegible] knowledge [illegible] be of [illegible] private [illegible] understanding [illegible] simple [illegible] prob-[illegible]

[illegible], R.N.

New York

[illegible] Third edition. By Edith P. [illegible], A.B., R.N. [illegible] pages. C. V. Mosby Company, St. Louis. [illegible] Price, [illegible]

THE third edition of *Materia* [illegible] *for Nurses* "is being [illegible] it will [illegible] simple but [illegible] brief, [illegible] of the [illegible] by the [illegible] supposes, [illegible] and [illegible] student [illegible] knowledge [illegible]

[illegible] provides [illegible] elementary [illegible] remain-[illegible] blank [illegible] the [illegible] this [illegible] materia [illegible]

[illegible] the [illegible] for [illegible] thera-[illegible] and [illegible] new [illegible] text [illegible] It [illegible] been [illegible] of [illegible] The

[illegible]

[illegible] of spinal anesthesia, [illegible] others, all have [illegible] which the student [illegible] knowledge.

[illegible] material the au- [illegible] with marked success [illegible] simplicity. In fact this [illegible] to become a [illegible] brings with it [illegible] condensation.

[illegible] which is sought is also [illegible]. The author has aimed to [illegible] these drugs most com- [illegible]. In selecting a [illegible] into the hands of the stu- dent [illegible] to be determined, [illegible] whether it is brevity or [illegible] that is of greater value [illegible] to students. The [illegible] here might in some [illegible] in incompleteness.

[illegible] accuracy of the book [illegible] convincing if there [illegible] footnotes or bibliographi- [illegible] lists at the end of each [illegible] to show us the authority the [illegible] had chosen for the most [illegible].

[illegible] a text for this subject [illegible] only for these attributes [illegible] brevity, and accuracy [illegible] discussion of what the [illegible] why it does it, when it is [illegible] used, and the size and [illegible] of the dose. [illegible] therefore, that [illegible] action of the drug [illegible] in the organi- [illegible]. For [illegible] 172 under "Action [illegible] Group," the [illegible] of this [illegible] when [illegible] by [illegible] vomit- [illegible]. It is not till [illegible] paragraph, [illegible] the ce- [illegible] of the vomit- ing center often causes vomiting," is presented.

The special points in administration of drugs which make the difference between good and poor nursing here are omitted in several important places, for example: Bromides, respiratory demulcents and expectorants, and Dover's powders.

The author has succeeded in meeting the aims especially ascribed to this third edition. Good teaching in the classroom plus generous use of reference material and full use of the blank pages in supplementary notes would seem necessary to provide the student with adequate working knowledge.

MARTHA RUTH SMITH, R.N.

New York

AN INTRODUCTION TO THE STUDY OF HUMAN ANATOMY. By Robert James Terry, M.D. 307 pages. Macmillan Company, New York. 1930. Price, $3.50.

THIS book is a dissection manual for medical students. The content consists of an outline for dissection of the human body. The directions are clear, concise, and detailed.

As to its worth in a course in Anatomy and Physiology in a school of nursing, the only school where this outline could be of value would be one in which cadavers are used in teaching the anatomy of the human body. The only value it might have to an instructor who uses the usual laboratory equipment, i.e., manikin, models, and skeleton, is in the excellent translation of Latin terms.

A manual which precedes each dissection by a detailed description of the part to be dissected, accompanied by good illustrations, is more valuable teaching material even where the cadaver is not used.

EDNA PLAMBECK, R.N.

New York

THE MONEY VALUE OF A MAN. By Louis I. Dublin, Ph.D., and Alfred J. Lotka, D.Sc. 264 pages. The Ronald Press Company, New York. 1930. Price, $5.

THOSE who are familiar with the statistical bulletin of the Metropolitan Life Insurance Company, and others, will welcome this book, the aim and purpose of which, according to the introduction, is

> from first to last essentially and fundamentally practical. We are concerned here with man as a wage earner, the supporter of himself and, in the normal case, of a family through a large fraction of life.
>
> Its purpose is to show, by specific figures directly applicable to the individual, the value of man as a wage-earner, how much life insurance he should carry, compensation for personal injury, losses due to physical handicaps, accidents and disease, the monetary value of an improved life, how "health work pays" the community, and other aspects of the economic value of a man.

HISTORY OF THE ILLINOIS TRAINING SCHOOL FOR NURSES. By Grace Fay Schryver. 240 pages. Illustrated. Published by the Board of Directors of the School, Chicago. 1930. Price, $1.50, plus twenty cents postage.

FEW pages of nursing history are more vividly dramatic than those of the Illinois Training School for Nurses. This is the school which, after forty-nine years of notable work, laid down its life for a principle, the principle that a school of nursing should find a place in a university. The alumnae of "I. T. S." will become "associates of the School of Nursing of the University of Chicago."

Mrs. Grace Fay Schryver, class of 1891, tells the story with admirable restraint but with sufficient amplitude of quotation from historic documents to satisfy the eager searcher for outstanding facts.

This school, always under control independent of the hospital (Cook County and for a period the Presbyterian also) in which its students practiced, pioneered in many ways. It was, for example, the first to accept students in affiliation. Its supreme act lay in transferring its property to the University of Chicago, in order that a school of nursing might be established in that famous institution.

The Illinois Training School graduated 1,845 nurses, many of whom reached pinnacles of real eminence in the profession. The volume is not too profusely illustrated, but portraits of Isabel McIsaac ('88), Idora Rose (Scroggs) ('89), Helen Scott Hay ('95) and Mary C. Wheeler ('88) and others, will serve to remind those of other schools of some of the contributions of this great school to the profession.

The book will be valued not only by the alumnae of the school and by those who have followed in their footsteps, but by all teachers of the history of nursing.

M. M. R.

A WORK BOOK AND OUTLINE OF ANATOMY AND PHYSIOLOGY FOR STUDENTS IN SCHOOLS OF NURSING. By Muriel L. Thomas, R.N., B.S., A.M. 203 pages. W. B. Saunders Company, Philadelphia. 1930. Price, $1.25.

THIS book is divided into thirty lessons, each of which is planned to cover one class and a one-hour laboratory period. However, if the book is to be used for a course of more than thirty hours, the author states in her foreword the material "may be expanded and still retain its organization." Both the order and the content of the work book follow in most respects that of the subject matter in Williams' *Textbook of Anatomy and Physiology*. The contents of the

subject matter is slightly increased. Some of the main additions include a study of the plant cell, a more complete classification of joints, and almost an entire lesson on the chemistry of foods.

At the beginning of each lesson several problems are stated for the student's consideration. These are followed by a series of questions with necessary blanks for answers. The questions do not always have any apparent relation to the problems and are not arranged in such a way that the resulting answers will give the student an organized outline of the subject matter read. The questions are followed by two short tests of the objective type; true and false, completion, multiple response, pertinent statement, and matching. In some lessons as many as twenty questions are given, in others as few as ten. Following the tests is a well-chosen list of references. The remainder of the lesson is devoted to laboratory work which consists of microscopic examination of tissues, dissection of a few organs and two small organisms, and a few simple experiments. Brief directions for the work are given in some cases; in other lessons the student is assigned exercises and questions from Williams' textbook. Space for recording the results of the laboratory exercises or answers to the questions follow the directions. By answering the questions, performing the test exercises, and recording the laboratory experiments, the student is expected to complete for herself an outline of the lesson which will be supplemented by her summaries of the references read. No space is allowed for these summaries in the work book.

The adoption of such a work outline might be of value to an instructor if it were possible to use an outline written for another instructor's course of study, taught by a different instructor to a group of pupils with varying backgrounds and needs. To adapt a course of study to the work outline would require considerable change not only of the Anatomy and Physiology course, but of other courses in the curriculum.

In this case, for example, the problems given are in many cases problems pertinent to hygiene. These would, therefore, make unnecessary duplication if the curriculum included a course in this subject. The classification of carbohydrates and proteins, the discussion of the sources and functions of vitamins, are often integral parts of courses in chemistry and nutrition. The use of this outline in schools where these units are included in other courses would necessitate either the omission of these sections from the outline or modification of the other courses in the curriculum to fit the outline.

The tests, scarcely more than drill exercises since the student has access to her text, might be an excellent means of drill if sufficient questions were given. The maximum number given is twenty. In most lessons there is some duplication in the two tests; so the student receives drill on only a comparatively small number of the details of the lesson. For example, in Lesson I, six true and false and five matching questions are given. Three of the true and false questions are duplicated in the matching test. Consequently but eight questions remain to test the subject matter of the first two chapters assigned in Williams'. The emphasis in this lesson is entirely on the cell and its embryological origin. Questions and drill in any form on terminology, divisions, cavities, organs, and systems of the body are omitted.

Among the questions the author has

included many for correlation with other courses in the curriculum. Most of these questions pertain to the advanced nursing courses and very few to the courses in Nursing Principles and Practice. The student is not guided, therefore, to see the immediate need for or use of Anatomy and Physiology. Instead, such questions as the following are included for the preclinical student's consideration:

What is the *Argyll Robertson* pupil and of what is it diagnostic?

In what type of disease might abnormal breathing be heard?

What is the difference between a therapeutic abortion and a criminal abortion?

From the student's point of view the value of a printed work book might be questioned. It is possible that some students might benefit by such a book, but completed outlines will always be available for borrowing, and nursing school classes, like other classes, will doubtless include weaker students who find it easier to borrow outlines than to solve problems for themselves.

The author states in her foreword that the work book has been used successfully for two years in her course. Since it was designed for that particular course this would not be doubted, for the idea of a work book and study outline is an excellent one when the outline is suitable. However, if any student kept in a well-organized notebook the page assignments, the answers to the problems and questions given with her assignments, the class tests, the summaries of the reference readings, and added to this her laboratory notebook, she, too, would have a work book and outline of her course in Anatomy and Physiology. It would not be a printed, unchanging outline which every student in every school would duplicate, but it would improve as the instructor's technic improved, would vary in problems and assignments as the needs of the students varied, and would be easily adapted to correlate more closely with changing routines in nursing procedures and reorganized courses in other subjects in the curriculum.

RUTH SLEEPER, R.N.

Ohio

THE PRINCIPLES OF SURGERY FOR NURSES. Second edition. By M. S. Woolf, M.R.C.S. 258 pages. Illustrated. W. B. Saunders Company, Philadelphia. 1930. Price, $3.00.

In *The Principles of Surgery for Nurses*, by M. S. Woolf, we are given, in a compact, concise, form, much information helpful to surgical nursing. The book contains, as Dr. Woolf states in the preface, "less than a medical student's text book and more than a work on technic."

The book deals with sepsis, antisepsis, surgical shock, and anesthesia. It deals with the body, showing how each part functions, how each part can be congenitally abnormal, and how it can be attacked by disease. The well established surgical treatment for the condition is given.

The Principles of Surgery for Nurses cannot be used directly in teaching surgical technic, or in teaching preoperative or postoperative care of patients, but it is of great value as a reference book in teaching any branch of surgical nursing. It gives the student an understanding of the case, its history, symptoms, diagnosis, and treatment.

The material is presented simply, clearly, and in an interesting manner. *The Principles of Surgery for Nurses* should be read by all who are practicing surgical nursing.

[illegible], R.N.

Illinois

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